



Schedule B: Hinton Youth Advisory Council Nomination Form

Date of Nomination: _____

STUDENT NAME	First	Last	
STUDENT ADDRESS	Street/RR/Apt	Town/County	Postal Code
STUDENT PHONE NUMBER	Parent/Guardian		Student
STUDENT EMAIL	Parent/Guardian		Student
STUDENT SCHOOL			Grade
STUDENT DATE OF BIRTH	Day	Month	Year

Please list and briefly explain three of the student’s strengths and skills, and describe why you believe the student would be a good representative for community youth: (please write on the back if more space is required)

Student Signature

By signing below, I _____ accept this nomination and agree to make any reasonable efforts to attend all scheduled Hinton Youth Advisory Committee (HYAC) meetings and to represent the ideas and opinions of my peers at the meetings. I also consent to my contact information (as listed above) being shared among other HYAC Youth Councillors Members and other relevant persons.

Signature of Applicant	
Name of Parent/Guardian	
Signature of Parent/Guardian	

Those wishing to participate on HYAC will need to submit a completed application **or** nomination form to the following address:

**Town of Hinton Re: HYAC Application
131 Civic Centre Road Hinton, Alberta T7E 2E5**

(Applications must be submitted annually; however, those who served on HYAC for the previous term are not required to resubmit reference information).



Nominator Information

Nominator Information:

NOMINATOR NAME	First	Last
NOMINATOR PHONE NUMBER	Daytime	Mobile
NOMINATOR EMAIL		

Relationship to student: _____

Number of years you have known the student: _____

Please list and briefly explain three reasons you believe the candidate would be a good choice as a member of HYAC and provide a list of three strengths/skills of the applicant as well as leadership abilities and/or relevant experience.

By signing below I nominate _____ for appointment to HYAC and agree that they are a suitable candidate. To the best of my knowledge, the individual named above will make a reasonable effort to attend scheduled HYAC meetings and represent their peers.

Signature: _____

Date: _____

This personal information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (the "FOIP Act"). All personal information collected will be used to assess the applicant for suitability. If you have any questions regarding the collection of your personal information, please contact the Town of Hinton.



Reference Form

Reference Information:

REFERENCE NAME	First	Last
PHONE NUMBER	Daytime	Mobile
EMAIL		

Relationship to applicant: _____

Number of years you have known the applicant: _____

Please list and briefly explain three reasons you believe the candidate would be a good choice as a member of HYAC and provide a list of three strengths/skills of the applicant as well as leadership abilities and/or relevant experience.

By signing below I agree that _____ is a suitable candidate for HYAC, and that to the best of my knowledge the individual named above will make a reasonable effort to attend scheduled HYAC meetings and represent their peers.

Signature: _____

Date: _____

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