



## Schedule A: Hinton Youth Advisory Council Application Form

Date of Application: \_\_\_\_\_

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

Please provide a brief explanation of three strengths and skills you have, and describe why you believe you would be a good representative for community youth: (please write on the back if more space is required)

By signing below, I \_\_\_\_\_ 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) to be shared among other HYAC 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 by **September 30 (or next business day) annually** 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 previous term are not required to resubmit reference information). For more information please call 780-740-8059.

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 FOIP Coordinator at 780-740-8059.



## Reference Form (1)

### 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 his/her peers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Reference Form (2)

### 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 his/her peers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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