

Youth Advisory Council Interest Form

Name: _____ Age: _____

Phone: _____ E-mail Address: _____

Are you on Facebook _____ Length of time in care? _____

What is the best way to reach you? _____

Briefly describe why you want to be on the YAC _____

What are some important issues you feel youth in care are facing? _____

Briefly describe the skills you possess that would be beneficial to the YAC _____

Are you able to commit to attendance at a monthly meeting and any adhoc meetings? What are any barriers to attendance you foresee? _____

Applicant's Signature _____