

# YOUTH ADVISORY COMMITTEE APPLICATION

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



School you are attending or will be attending coming school year:  
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Why do you want to be on the Youth Advisory Committee:

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List the specific projects or activities you would like the Youth Advisory Committee to undertake:

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Hobbies and personal interests: \_\_\_\_\_

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Other: \_\_\_\_\_

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Please return completed applications to:

Alisa Thompson

City Hall, 3215 Eby Street

Fax: 250-638-4777

Email: [athompson@terrace.ca](mailto:athompson@terrace.ca)

Phone: 250-638-4721

\_\_\_\_\_  
Signature