



## Youth Council Application Form Schedule "A"

Applicant First Name		Last Name	
Address	Town	Postal Code	
Applicant Email Address		Applicant Phone Number	
School		Grade	Date of Birth

Guardian First Name		Last Name	
Guardian Email Address		Guardian Phone Number	

Please provide a brief explanation of your strengths and skills, and describe why you believe you would be a good representative for community youth:

By signing below, I \_\_\_\_\_ agree to make any reasonable efforts to attend all scheduled Youth Council 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 Youth Council Members and other relevant persons.

Applicant Signature

Checking this box constitutes your online signature

Guardian Signature

Checking this box constitutes your online signature

Those wishing to participate on Youth Council will need to submit a completed application form and provide two letters of reference to the following address:

**Town of Edson** Re: Youth Council Application  
605-50 Street P.O. Box 6300 Edson, Alberta T7E 1T7  
email: [cserv@edson.ca](mailto:cserv@edson.ca)

(Applications must be submitted annually; however, those who served on the Council last year are not required to re-submit reference letters.) For information call 780-723-4403.