

Hamilton Youth Advisory Council Application Form

Thank you for your interest in the Hamilton Youth Advisory Council! Please complete this application form and return it via e-mail to lea.pollard@contacthamilton.ca no later than Friday May 12 2017.

We will confirm receipt of your application.

Please Type or Print.

Name of Applicant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I am between the ages of 12 and 21: Yes No

I have had involvement with any of the following services: occupational therapy, physiotherapy, speech and language pathology services, mental health services, developmental services, autism services, health/medical.

Yes No

If yes, how many: 1-2 3-4 more than 4

I want to be on the Youth Advisory Council because:

Please tell us about any other skills, diverse perspectives and interests that you have that you feel will be helpful to the Youth Advisory Council:

Do you have any accommodations we should be aware of in order for you to participate on the Council? If so, please specify: _____

Applicant's Signature: _____

Date: _____

If you require assistance in filling out this form, please email Lea Pollard at lea.pollard@contacthamilton.ca or call at 905-522-3304 x235.