



Youth Movement Advisory Form



Community Centre volunteers ages 12-24
Library volunteers ages 14-19

Applicant Name (Last, First):		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Year	Month	Day
Address		City	Postal Code
Telephone (home)	Telephone (cell)		Email

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What locations are you able to get to (ie car, bus, walk, bike, etc) – **Number locations by preference:**

<input type="checkbox"/> Burhamthorpe CC	<input type="checkbox"/> Churchill Meadows CC	<input type="checkbox"/> Courtney Park CC
<input type="checkbox"/> Burnhamthorpe Library	<input type="checkbox"/> Frank McKechnie CC	<input type="checkbox"/> Mississauga Valley CC
<input type="checkbox"/> Cawthra CC	<input type="checkbox"/> Iceland / Hershey Arena	<input type="checkbox"/> Central Library / Civic Centre
<input type="checkbox"/> Lakeview Library	<input type="checkbox"/> Huron Park CC	<input type="checkbox"/> River Grove CC
<input type="checkbox"/> Clarkson CC & Library	<input type="checkbox"/> Cooksville Library	<input type="checkbox"/> Streetsville Library
<input type="checkbox"/> Sheridan Library	<input type="checkbox"/> Woodlands Library	<input type="checkbox"/> South Common CC & Library
<input type="checkbox"/> Lorne Park/ Port Credit Library	<input type="checkbox"/> Malton CC	
<input type="checkbox"/> Erin Meadows CC	<input type="checkbox"/> Meadowvale CC	

* CC = Community Centre

Please highlight some of your interests:

Can you commit to a meeting once a month for 2 hours?

Yes No

What other clubs or organizations have you either participated in or helped out with either at school or in the community? (please list & describe your role)

Describe why you would like to volunteer with a Youth Movement Advisory Group:

List any skills you would be able to use to assist the Youth Movement Advisory Group (ex. graphic design, event planning, fundraising):