



St. Paul Youth Council Application Form

Date: _____

Tell us about YOU!

Name: _____

Mailing Address: _____

Cell Phone: _____ Birthday: _____

Current Grade/Education Level _____ Email: _____

Tell us about your interest in SPYC!

1. What made you think, "Yes, SPYC is the place for me!"?
2. What skills or secret talents would you bring to SPYC?
3. What makes youth voices powerful when it comes to building better communities?

List a reference that we may contact.

Name: _____

Phone Number: _____

Relationship: _____

Parent or Guardian Consent:

I approve my son/daughter to participate in the St. Paul Youth Council.

First and Last Name (Print)

Signature

Please complete your application and return to St Paul Regional FCSS Office at
5002-51 Avenue, St Paul, AB, T0A 3A0 or email to FCSS@town.stpaul.ab.ca



5002 51 Avenue
St. Paul, Alberta
T0A 3A0
Phone: (780) 645-5311
Fax: (780) 645-5512