



St. Paul Youth Council Application Form

Date: _____

Name: _____

Mailing Address: _____

Telephone: _____ Birthday: _____

Email: _____

Application Questions:

1. Why are you interested in becoming a Youth Council Member?

2. What skills and experiences will you bring to the Youth Council

3. Why do you think it is important that the youth of St. Paul have a voice in their community?

List a reference that we may contact.

Name: _____

Telephone: _____

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 your School Representative, email to lsmid@town.stpaul.ab.ca or drop it off at FCSS, 5002-51Ave.



5002 51Ave
St. Paul, Alberta
T0A 3A0
Phone: (780) 645-5311
Fax: (780) 645-5076