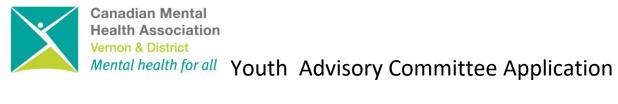


Name:
Address:
Phone:Email:
Birthdate:Grade:
Please answer the following questions:
Why would you like to be a part of the youth advisory committee?
2. Do you have experience with mental illness/wellness? (You do not have to provide personal examples)
3. What other leadership activities have you participated in, if any?



4. Do you have any experience with public
speaking?
5. Are you willing to speak publicly and/or attend events that may require public speaking and public interactions?
6. What changes would you like to see in your community for youth regarding mental health and wellness?

7. What are your interests/talents/hobbies or after school activities you are involved in?

Y	Canadian Mental
	Health Association
	Vernon & District
	Mental health for all
	2.100

Youth Advisory Committee Application

8. Is there anything else you would like for us to know?

Signatures
I, am applying to be a part of the Canadian Mental Health Association's (Vernon District) Youth Advisory Committee. I also acknowledge that I am between the ages of 15-20 and that this committee comes with responsibilities and a monthly time commitment of a minimum of 2 hours, once per month.
signed on (Month/day/year)
*This committee has a limited number of seats, we thank you for your application and only those that are chosen for interviews will be contacted. We will keep your application and once space becomes available you may be asked to complete an intake form and interview.

Please e-mail completed forms to: Carly Skanes at carly.skanes@cmhavernon.ca