



Canadian Mental
Health Association
Vernon & District
Mental health for all

Youth Advisory Committee Application

Name: _____

Address: _____

Phone: _____ Email: _____

Birthdate: _____ Grade: _____

Please answer the following questions:

1. 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? _____



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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? _____



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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.skane@cmhavernon.ca