

Kerrisdale Community Centre- Youth Leaders 2018-2019 Program Application Form



Please Note: Successful applicants will be expected to attend weekly meetings, starting

October 2018

PERSONAL INFORMATION

I LINSOI	TAL IN CHIVIATION		
First Na	nme:	Last Name:	
Date of	Birth (mm/dd/yyyy):		Gender:
Name c	of School:	Grade (as o	of September 2018):
Involve	ment/achievements in extra-curr	icular activities:	
Talents	/hobbies (Music/Sports/Baking/0	Others):	
Volunte	eer experience:		
Langua	ge(s) spoken: English F	rench Cantonese	Mandarin Others:
Home A	Address:		
Email: _		Cell:	Home Tel:
I obtain	· · · · · · · · · · · · · · · · · · ·	ebsite Kerrisdale (otice/poster display Social media comm	Community Centre Program Guide Word-of-mouth recommendations unication
	le to commit to regularly attendi ool year.	ng the Youth Leaders meeti	ng on Tuesdays from 5-7pm during
	Yes No		
What le	eadership skills do you wish to de	velop by joining the KCC Yo	uth Leaders Program?

How do you think you can cor	ntribute to the success c	of the KCC Youth Le	aders Program?
I am interested in becoming a Youth Representatives period interests and progress of the Youth Representatives are exp nights at 7:00PM.	ically sit in on the Youth Youth Leaders and/or is	Committee Board sues or concerns th	· · · · · · · · · · · · · · · · · · ·
PARENT/GUARDIAN INFORM Name of parents/guardians:	ATION		
First Name:		Last Name:	
Relationship:		Tel.:	
Email:			_
First Name:		Last Name:	
Relationship:		_Tel.:	
Email:			_
of my child participating in proused by the community centre	ogram activities. I under e for promotional purpo arketing purposes by the	stand that this pho ses including on pr Kerrisdale Commu	ructor to take a photo, or photos oto, or these photos, may be rogram displays, in brochures, or unity Centre or Vancouver Board Initial
PARENT/GUARDIAN'S CONSE	ENT:		
I am the parent/guardian of: _ and support his/her participate			ne of youth) and I fully agree to Youth Leaders Program.
Name (please print)	Signature		Date
In case of emergency, please	contact:		
(Name):			
(Tel):			
Signed (applicant):		Dat	re:

Please complete the above application and submit it to:

Kerrisdale Community Centre 5851 West Boulevard, Vancouver, BC, V6M 3W9.

Email: shannon.brown@vancouver.ca, Tel. 604.257.8117

Deadline for application: September 21, 2018 All applicants will be notified of their status by September 25, 2018

For Office Use only:		
Application received by:	Date:	Date:
Follow-up action taken:		
Signature:	Date:	