



# ITALIAN CANADIAN HandiCAPABLE ASSOCIATION

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## NRC After School Program

### Youth Council Application

Name: \_\_\_\_\_

D.O.B. \_\_\_\_//\_\_\_\_//\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

email address: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Please list three qualities you feel you possess that will allow you to be a youth council member:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Why are you interested in serving on this council?

How do you normally spend your time after-school?

List two events that would be fun to plan for Grade School Students.

Please list two references that will tell us about your character.

1. \_\_\_\_\_

Contact: \_\_\_\_\_

2. \_\_\_\_\_

Contact: \_\_\_\_\_