



City of Welland Mayor's Youth Advisory Council

APPLICATION FORM

****Applicants must be in grades 8-12 or attend
Niagara College or Brock University to be considered****

Section One: Personal Information

First Name: _____ Last Name: _____ Sex: Male/Female

Address: _____ Postal Code: _____

Home Phone Number: _____ Email Address: _____

School: _____ Grade/Academic Year in September: _____

Section Two: Motivation

Why would you like to sit on this Council? Please provide three reasons.

1) _____

2) _____

3) _____

Section Three: Skills and Experience

Briefly describe additional skills or experience relevant to this appointment. (If more space is required, please use a separate sheet of paper)

Section Four: References

Please provide two references that can attest to leadership potential. One must be a current or previous employer, teacher or coach. No family members please.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Section Five: Interests

Please tell us what you enjoy participating in during your spare time:

Please return this application form to:

City of Welland

Welland Community Wellness Complex

145 Lincoln Street

WELLAND, ON L3B 6E1

recreation@welland.ca

WELLAND RESIDENTS NEED ONLY APPLY