



## YOUTH LEADERSHIP PROGRAM



### APPLICATION FORM

(Please Print Clearly) - **TO BE COMPLETED YOUTH LEADERSHIP APPLICANT ONLY:**

Full Name: \_\_\_\_\_ Preferred Name for Name Tag: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ T-Shirt Size (Adult/Unisex): \_\_\_\_\_

Please list one character reference (name/phone #/ relationship):

\_\_\_\_\_

### YOUTH LEADERSHIP AGREEMENT

I \_\_\_\_\_, have applied to be a participant of the Youth Leadership Program with Sturgeon County Family and Community Services. If I am accepted to partake in the Youth Leadership Program from September 2025 to June 2026, I agree to the following:

- Volunteer a minimum of 5 out of the 8 monthly planning meetings, 4 volunteer shifts and 3 skill building sessions
- To arrive ON TIME for all days I am scheduled to volunteer at. If I cannot make my shift for any reason, I will call the Sturgeon County Community Programming Coordinator as soon as I know I am unable to volunteer
- To display a positive attitude and be respectful to all
- I will communicate and not partake in activities that will put my safety and others safety at risk
- I understand that I am always a representative of Sturgeon County and PSP, even when not on shift

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Youth Leadership Applicant Signature

### GUARDIAN CONSENT:

I \_\_\_\_\_, hereby allow my child \_\_\_\_\_

Print Name of Guardian

Print Name of Participant

to participate in Sturgeon County's Youth Leadership Program. I hereby release the County, its employees, and volunteers from any claim for loss, injury, or damage to person or property either directly or indirectly, including travel to and from, during my child's participation in the Youth Leadership Program.

I hereby ☐ authorize ☐ do not authorize (please check one) the Municipality to use photographs taken of the afformented individual(s) while attending or participating in recreation programs and activities (scheduled or unscheduled) sanctioned by the Municipality. Photographs may be used to promote the Municipality's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. Other Youth Leadership participants, members of the general public and media may also have the opportunity to take pictures; any of these photos taken during public events cannot be controlled. No other use of these photographs will be allowed.

I hereby ☐ authorize ☐ do not authorize (please check one) the Municipality of Sturgeon County to contact the references included in the application by the individual, for the Youth Leadership acquisition process

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## APPLICATION FORM – WRITTEN PORTION

(Please Print Clearly) - **TO BE COMPLETED YOUTH LEADERSHIP APPLICANT ONLY:**

Full Name:
Why would you like to be a part of the YOUTH LEADERSHIP program this year?
What are some of your skills, interests, and experiences that you believe would be an asset to our team?

The personal information provided will be used to determine suitability and participation in the YOUTH LEADERSHIP program and is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection and use of this information, please contact the Sturgeon County Access and Privacy Officer at 9613 – 100 Street, Morinville, Alberta, T8R 1L9 (780) 939.4321 or email [foip@sturgeoncounty.ca](mailto:foip@sturgeoncounty.ca).

Please list any past volunteer, leadership, or work-experience you feel would be relevant to being a member of the Youth Leadership team.

### Guardian Section-TO BE FILLED OUT BY GUARDIAN

Please list any allergies, dietary restrictions, medical needs, and any other important factors we should be aware of:

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