



Town of Shelburne Youth Advisory Committee Application

Please complete this form in order to be considered as a Youth Advisory Committee (YAC) Member. Submit the completed form to the Town of Shelburne to the attention of **Jennifer Willoughby**.

Print clearly using ink.

Name	
Street Address	
Town/Township	
Postal Code	
Home Phone	
Cell Phone	
E-mail	
School/Organization	
Grade	

Commitment Required:

- 1) Mandatory **Regular Meetings** take place every month and commence at 7:00 pm or otherwise specified time determined by the Chair.
- 2) List your interests/hobbies and any applicable skills that might apply to your participation as a member of the YAC **and/or** attach your detailed resume.
- 3) Please attach a short essay, no more than 500 words, stating why you should be selected as a Youth Advisory Committee Member. Please include any ideas that you would like to implement if selected.
- 4) Please attach one letter of recommendation from a non-family member. Ensure that full contact information is provided.

By signing this document you are confirming that the information you have given is correct and up to date.

Signature

Date

For further information please contact:

Jennifer Willoughby
Clerk
Town of Shelburne
203 Main Street East
Shelburne ON
L9V 3K7

(519) 925-2600 Ext. 223
jwilloughby@shelburne.ca

or visit [www.shelburne](http://www.shelburne.ca)

