

## Smoky Lake YOUTH COUNCIL

The power of our voice! #beheard

YOUTH COUNCIL
APPLICATION FORM

Please apply in-person at the Town Office OR by email at fcss@smokylake.ca

Town of Smoky Lake (780) 656-3674

56 Wheatland Avenue

Smoky Lake, AB TOA 1AO

## Town of Smoky Lake Youth Council Application Form

Date:			
Name:			_
Telephone:		Birthday	
Email:			•
Application Questions:			
1. Why are you inte	rested in becoming	a Youth Council Men	nber?
2. What skills and	experience will you	bring to the Youth Cou	ıncil?
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community?	t it is important that	t the youth of Smoky I	_ake have a voice in their

## List a reference that we may contact. Name Telephone Relationship Parent or Guardian Consent: I approve my son/daughter to participate in the Town of Smoky Lake Youth Council.

Please complete your application and submit in person at the Town Office or email it to <a href="mailto:fcss@smokylake.ca">fcss@smokylake.ca</a>.

Signature





First and Last Name (Print)



