



MUNICIPALITY OF SOUTH DUNDAS

34 Ottawa Street, P.O. Box 740
Morrisburg, ON K0C 1X0
613.543.2673 | southdundas.com

Youth Advisory Committee Application Form 2022

Personal Details

First Name: _____

Last Name: _____

Date of Birth: _____

Street Address: _____

Town: _____

Email Address: _____

Primary PH#: _____ 2nd PH#: _____

Skills/ Experience

Please describe your skills and or past volunteer experience:

Why are you interested in joining the South Dundas Youth Advisory Committee?

Which of the following Youth Advisory Committee positions are you most interested in?

- Chair
- Co-Chair
- Secretary
- Sitting Committee Member



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Parental Consent

This section of the application form must be completed by all applicants 17 years or younger

Parent/Guardian Name: _____

Relationship: _____

Email: _____

Phone: _____

I give person for the applicant to work as a Youth Advisory Committee Member for the Municipality of South Dundas

Parent/Guardian Signature

Date

Declaration

Please read each statement and tick each checkbox to acknowledge your acceptance of each point.

- I am applying to become a member of Youth Advisory Committee member for the municipality of South Dundas.
- I can fulfill the position as a Youth Advisory Committee member until the end of its yearly term.
- I agree to maintain the highest standards of confidentiality with respect to any information obtained during my volunteer work.
- I declare that the information contained in this application is true and accurate.

Signature

Date



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STAFF ONLY

Application Submission Date: _____

Application Status:

Accepted

Declined, reason:

Waitlisted