



west perth  
**youth advisory  
committee**

## **Youth Advisory Committee Membership Application**

Submit Completed Applications to:

**Caitlyn Bergsma  
Child and Youth Centre Program Lead**

Municipality of West Perth  
185 Wellington St.  
Mitchell, ON N0K 1N0

Office: 519.348.9311  
[cbergsma@westperth.com](mailto:cbergsma@westperth.com)

**Applications may be submitted by mail, email, or dropped off at the  
West Perth Community Centre or the West Perth Youth Centre.**

**Please ensure that this application is completed neatly and accurately.**

## Personal Information

Name:

Address:

City:

Postal Code:

Phone:

Cell Phone:

E-mail:

## School Information

School:

Grade:

## Emergency Contact

Name:

Phone:

Relationship to Applicant:

## Why do you want to be part of West Perth's Youth Advisory Committee?

## Signature

I, the undersigned, certify that all information contained within this application is truthful and accurate.

Name:

Signature:

Date:

## Signature (Parent/Guardian)

I, the parent/guardian, certify that all information contained within this application is truthful and accurate, and that I understand what my youth is applying for.

Name:

Relationship to Applicant:

Signature:

Date:

All information in this application will be kept strictly confidential.