



## Youth Advisory Panel Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street number & name) (Town & Postal Code)

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Grade (if applicable): \_\_\_\_\_

Age: \_\_\_\_\_

**Are you a resident in the Municipality of Mississippi Mills?**

Yes  No

**When are you available for meetings? (please check all that apply)**

Afternoon (between 2:30-4:00pm)

Evening (between 5:00-7:00pm)

**Why are you interested in becoming a member of the Youth Advisory Panel?**

**What interests you the most about local government?**



**Qualifications**

To be eligible to serve on the Youth Advisory Panel you must:

- be between the ages of 13-19
- reside in the Municipality of Mississippi Mills
- not be an immediate family member to current Council members of the Municipality.

**Application Process**

Members will be selected from applications received and will be at the discretion of the Clerk or Clerk designate. Applicants will be contacted directly by municipal staff. Panel membership is for one school year only

I hereby certify that the information I have provided in this application is true to the best of my knowledge.

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

Terms of Reference are also available on the Municipality's website.