



# Halton Regional Police Service

## Youth Advisory Council Application

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Thank you for your interest in our Police Services Youth Advisory Council (YAC). Please fill out this application. This advisory council will be made up of youth representatives reflecting our Halton community. As such, the information you provide on this application will be used to assess your participation in the Youth Advisory Council. The Youth Advisory Council is mandated to act as an advisory body to the Halton Regional Police Services (HRPS) by providing insight and support to youth impacted initiatives, and ensuring the diverse needs of youth within the Region of Halton are considered. Completion of the form is voluntary and all information provided will be kept confidential. Send in your completed application form one of two ways:

A. Mail it to: Halton Regional Police Service, Regional Community Mobilization Bureau  
C/O Regional Community Mobilization Bureau Sergeant  
2485 North Service Road West, Oakville, L6M 3H8

B. Scan and email it to:

If you have any questions, please feel free to contact the Regional Community Mobilization Bureau at (905) 825-4747 ext.

### Instructions

1. If you are submitting a handwritten application form, please print and write in a neat and clear manner in all the mandatory sections.
2. For a question that requires a “Yes” or “No” response either; click on the corresponding box () and under the default value, select checked or place a mark (√) inside the corresponding box.
3. Incomplete sections on this application form will not be accepted.
4. All applications are due no later than \_\_\_\_\_ at 4:00 pm. Late applications will not be accepted.

## Personal Information

<b>Surname</b>		<b>Given Name</b>	
<b>Address</b>			
<b>City</b>	<b>Province</b>	<b>Postal Code</b>	
<b>Home Phone Number</b>			
<b>Cell Phone Number</b>			
<b>Email</b>			
<b>Pronouns</b> (if you want to share)			
<b>Date of Birth</b> (dd/mmm/yyyy)			
Do you have a Driver's Licence? If yes, please provide your Driver's Licence number.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Driver's Licence number</b>			
Do you understand that you are responsible for your own transportation to / from your assigned meeting locations?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have the ability to participate in virtual meetings?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to commit to participating in the program for one year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Security Check

Are you a Canadian Citizen or permanent resident of Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Due to the nature of this volunteer program, a police security check is necessary. Do you understand and agree to have the check completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Education

<b>Name and Address of Secondary School</b>
<b>Highest level / grade completed</b>

Information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act*, and will be used to assess your suitability for the Youth Advisory Council. Questions about this collection should be directed to: Freedom of Information Coordinator, Freedom of Information Unit, Halton Regional Police Service, 2485 North Service Road West, Oakville, Ontario L6M 3H8, (905) 825-4710. All questions regarding the use of this information should be directed to: Sergeant - Regional Community Mobilization Bureau.

## Availability

Please indicate your availability after 4pm (Check the correct box / boxes)

Monday

Tuesday

Wednesday

Thursday

Friday

Do you have any prior commitments (e.g. vacation or extracurricular activities) that may interfere with your participation in this program?

## Employment History or Volunteer Experience (Begin with the most recent)

<b>Name and Address of Employer:</b>		<b>Telephone Number:</b>
<b>Date of Employment:</b>		
From:	dd/mmm/yyyy	To: dd/mmm/yyyy
Were you an Employee or a Volunteer? (Check the correct box)		
<b>Duties:</b>		
<b>If applicable, reason for leaving:</b>		
<b>Name and Address of Employer:</b>		<b>Telephone Number:</b>
<b>Date of Employment:</b>		
From:	dd/mmm/yyyy	To: dd/mmm/yyyy
Were you an Employee or a Volunteer? (Check the correct box)		
<b>Duties:</b>		
<b>If applicable, reason for leaving:</b>		

Have you ever been discharged or asked to resign from a job?	Yes	No
If yes, please explain:		
May we contact your past and present employer(s)?	Yes	No

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### Why You?

If you require additional space to address any of the following questions, please attach an additional sheet(s) to this Application. **Completion of this form is voluntary and all information provided will be kept confidential.**

Which one of the following would best describe you:

- Indigenous
- Caucasian
- Visible Minority (if checked, provide information below that best describes your ethnicity and race):
  
- Member of the LGBTQ2S+ Community
- Other:
  
- Do not wish to provide answer

Do you consider yourself to be a person with a disability?

**Note: The collection of this information is intended for the sole purpose of ensuring we provide the appropriate accommodation for all of those participating in the Youth Advisory Council.**

- No
- Yes
- Do not wish to provide answer

If yes, what would best describe your disability and what accommodations could we make to ensure your full participation?

Tell us about yourself. What skills and experiences do you have that would be beneficial to the Youth Advisory Council?

In your own words, describe any barriers to success that being a member of the Youth Advisory Council would help you address.

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In your opinion, what is one barrier currently affecting the relationship between youth and the Police Service?

Please briefly outline one idea you have for addressing the barrier you have identified in the previous question.

*I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement made throughout the entire process may disqualify me from being considered as a participant in this program.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Parent or Legal Guardian (if youth is under 16 years of age) has reviewed and endorses the information that is being submitted by their youth.

\_\_\_\_\_  
Parent / Legal Guardian Name

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

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