



Personal Information

| | | | |
|---|----------|------------------------------|-----------------------------|
| Surname | | Given Name | |
| Address | | | |
| City | Province | Postal Code | |
| Home Phone Number | | | |
| Cell Phone Number | | | |
| Email | | | |
| Pronouns (if you want to share) | | | |
| Date of Birth (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"/> |
| Driver's Licence number | | | |
| 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

| |
|--------------------------------------|
| Name and Address of Secondary School |
| Highest level / grade completed |

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 - Equity, Diversity and Inclusion.

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

| | |
|--|--------------------------|
| Name and Address of Employer: | Telephone Number: |
| Date of Employment: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> From: <small>dd/mm/yyyy</small> To: <small>dd/mm/yyyy</small> </div> | |
| Were you an Employee or a Volunteer? (Check the correct box) | |
| Duties: <div style="height: 60px;"></div> | |
| If applicable, reason for leaving: <div style="height: 30px;"></div> | |
| Name and Address of Employer: | Telephone Number: |
| Date of Employment: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> From: <small>dd/mm/yyyy</small> To: <small>dd/mm/yyyy</small> </div> | |
| Were you an Employee or a Volunteer? (Check the correct box) | |
| Duties: <div style="height: 60px;"></div> | |
| If applicable, reason for leaving: <div style="height: 30px;"></div> | |

| | | |
|--|-----|----|
| 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.**

What skills and experience do you have that would be beneficial to the Youth Advisory Council?

Identify a barrier that you believe currently exists between Halton youth and the HRPS.

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

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Why do you feel that you would be the best person for this opportunity?

What do you expect to gain from this experience?

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

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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