



## Youth Council Application Form

Name \_\_\_\_\_  
Last Name First Name

Address \_\_\_\_\_  
Street Apt. No.  
\_\_\_\_\_  
City Postal Code

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_  
dd/mm/yyyy

Grade Level \_\_\_\_\_ School \_\_\_\_\_

Tell us about yourself. What are your interests?

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What kind of teen programming/events do you think should be offered in Pickering?

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Why do you want to be part of the City of Pickering Youth Council?

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*Completed applications must be dropped off to either the  
Petticoat Creek Community Centre or East Shore Community Centre*

**For Office Use Only**

Date Received \_\_\_\_\_ Interview Date/Time \_\_\_\_\_

Comments \_\_\_\_\_

*Personal information contained on this form is collected under the authority of the Municipal Act and will be used for the purpose of Youth Council. Questions about this collection should be directed to the City Clerk at One The Esplanade, ON L1V 6K7 - 905.420.4611.*