

Application & Reference Form

MB4Youth Advisory Council

MB4YOUTH ADVISORY COUNCIL

The MB4Youth Advisory Council consists of up to fifteen youth from across Manitoba. The Council provides feedback to the Minister of Education, Citizenship and Youth through the MB4Youth Division about issues and priorities concerning youth. In addition, council members will have the opportunity to learn about the democratic process, facilitate at departmental conferences and events and engage in citizenship and leadership activities.

COUNCIL ROLES AND EXPECTATIONS

MB4Youth Advisory Council members must:

- Demonstrate leadership and citizenship in their school and/or community
- Be committed to attend and actively participate in up to four in-person meetings and/or activities per year in addition to teleconferences and e-mail correspondence
- Participate in various departmental conferences and events
- Be informed about issues and priorities concerning youth
- Provide participant reports on Council funded conferences and events
- Follow guidelines outlined in the MB4Youth Advisory Council Terms of Reference

ELIGIBILITY

To be eligible for the MB4Youth Advisory Council applicants must:

- Submit completed application and reference forms by June 19, 2009
- Be between the ages of 15 – 24 years of age
- Demonstrate leadership and engagement in their school and/or community
- Be a resident of Manitoba

APPLICATIONS & QUESTIONS

Applications must be forwarded by June 19, 2009 to:

Lindsay Kaluznick
Manitoba Education, Citizenship and Youth
MB4Youth Division
310 – 800 Portage Avenue
Winnipeg, MB R3G 0N4
Phone: (204)945-0437
Fax: (204)945-5726
E-mail: Lindsay.Kaluznick@gov.mb.ca



Application Form

MB4Youth Advisory Council

The following section should be completed by the applicant.

Name: _____

(First)

(Initial)

(Last)

Gender: **Male** **Female**

Age: **15 - 18** **19 - 24**

Contact Information:

Address: _____

Telephone:() _____

Cell Phone:() _____

E-mail: _____

Are you currently a resident of Manitoba? **Yes** **No**

Are you currently a student? **Yes** **No**

If yes, what school/university/college are you currently attending?

Do you work? **Yes** **No**

If yes, do you work: **Full Time** **Part Time**

Do you currently volunteer your time? **Yes** **No**

Do you speak French? **Yes** **No**

Adult Reference Name: _____

Adult Reference Telephone:() _____

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MB4Youth Advisory Council members will be contacted by the Program Coordinator to attend up to four in person meetings per year, as well as teleconferences and e-mail correspondence. If appointed to the Council would you be able to regularly attend and participate in meetings?

Yes

No

Employment Equity Section (Optional)

Do you have a disability? If yes, please indicate disability. _____

Do you use a technical aid? If yes, please indicate aid. _____

Are you an Aboriginal person? _____

Are you a member of a visible minority group? _____

"This personal information is being collected under the authority of MB4Youth Division and will be used and disclosed for the purpose of determining your eligibility for the MB4Youth Advisory Council. This personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of information, contact Lindsay Kaluznick, Policy Analyst, at (204) 945-0437 or email: Lindsay.Kaluznick@gov.mb.ca."

I understand that staff of Education, Citizenship and Youth will be sharing the information that pertains to this application and the MB4Youth Advisory Council. I certify that the foregoing statements made by me are true in substance and complete to the best of my knowledge and that I have not withheld any information relative to this application. I authorize the verification of the above information.

Applicant's Name: _____
(Please print)

Applicant's Signature: _____ **Date:** _____

Reference Form

MB4Youth Advisory Council

Does this applicant possess good communication and leadership skills?

Why do you think this applicant would be an asset to the MB4Youth Advisory Council?

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Name: _____
(Please print)

Signature: _____ **Date:** _____