

YouthLAB Application:

Full Name: _____ Preferred Pronouns: _____

Street Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Cell: _____ Email: _____

What grade will you be starting in September 2020? _____ @ what school? _____

How did you hear about YouthLAB? _____

List some community activities you been involved with: (volunteering, work, etc.)

Activity	Location	Dates of involvement

What idea, issue or problem in your community or school are you most inspired or worried about?

Tell us why you are interested in joining our Youth Leadership Advisory Board:
(If you need more space for the last 2 questions, please include another sheet)

Applicant Signature: _____ Applicant Name: _____ Date: _____

Parent/Guardian Signature: _____ Parent/Guardian Name: _____

Parent/Guardian Contact #: _____

We'd also like to hear from other people about you:

Please include **one reference letter** (see the attached reference letter template) with your application form. These can be from a teacher, school counsellor, sports coach, music teacher, boss, volunteer supervisor, youth group advisor, or other person you know from the community.

We must receive your completed forms by Friday, **July 3, 2020**, by mail or scan & email to Family Services North Shore along with your reference letters:

Jenn Hamman and Susan Salazar (Hamman@familyservices.bc.ca, Salazar@familyservices.bc.ca)
Family Services North Shore, #203-1111 Lonsdale Avenue, North Vancouver, BC V7M 2H4
Phone: 604.988.5281 ext. 319 or 346 Fax: 604.988.3961

YouthLAB Reference Letter

Name of youth applying: _____

Dear Referee,

You have been asked to write this letter as part of an application for Family Services North Shore's Youth Leadership Advisory Board (YouthLAB). In this 9-month volunteer group YouthLAB members will work together with clinical staff at Family Services North Shore to learn about mental health issues, raise awareness in our community and to do outreach to youth who need help but may not know how to access it. Our first meeting is planned for September 2020.

If you have any questions or concerns about this form or the program itself, please contact Jennifer Hamman or Susan Salazar at Family Services North Shore 604-988-5281.

How long have you known this youth? _____

In what capacity do you know them? _____

Please tell us a little about this youth. We are especially interested in knowing about her/his ability to work with others and to commit to a project or activity once begun. Examples of your experience are welcome. (If you require more space, please feel free to attach a second sheet)

Referee Signature: _____ Referee Name: _____ Date: _____

Your Contact Number: _____

Thank you for taking the time to complete this form.

This form must be received by Family Services North Shore by July 3, 2020.

You can:

- **Email it as an attachment to Jennifer Hamman at Hamman@familyservices.bc.ca or Susan Salazar at Salazar@familyservices.bc.ca**

- **Mail it to Family Services North Shore at 203-1111 Lonsdale Ave, North Vancouver BC, V7M2H4.**