## YouthLAB Application:

Full Name:		Pronouns:		
Street Address:	Cit	y: Postal Code:		
Home Phone #:	Cell:	Email:		
What grade will you be starting in September 2021? @ what school?				
How did you hear about YouthLAB?				

## List some community activities you been involved with: (volunteering, work, sports, arts, 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)* 

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 Wed, **June 30, 2021**. Send via mail or scan & email to Family Services North Shore along with your reference letters: Susan Salazar: <u>Salazar@familyservices.bc.ca</u>, 236-991-9840) Jenn Hamman: Hamman@familyservices.bc.ca</u>, 236-995-9742) Family Services North Shore, #203-1111 Lonsdale Avenue, North Vancouver, BC V7M 2H4 Main Office Phone: 604.988.5281 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 other youth.

If you have any questions or concerns about this form or the program itself, please contact Jennifer Hamman (236-995-9742) or Susan Salazar (236.991.9840).

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 their 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)

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 June 30, 2021:

- 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, V7M 2H4 or fax to 604-988-3961