



Application for Council Youth Representative

In accordance with Policy 1300-01 – Council Youth Representative Policy, I certify that:

1. I am a resident of the Crowsnest Pass,
2. I am a Grade 10, 11, or 12 student enrolled at Crowsnest Consolidated High School, and
3. I am willing to attend Council meetings as requested

Signature

Date

Parent/Guardian Signature

Date

Applicant Information

Name	
Mailing Address	
Email Address	
Phone	

The personal information on this form is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act for the purpose of appointing persons to serve as a youth representative for Council of the Municipality of Crowsnest Pass and may form part of a public document. If you have any questions about the collection of this information, contact the FOIP Coordinator for the Municipality of Crowsnest Pass at 403-562-8833.

Why are you interested in representing Crowsnest Pass Youth on Council?

Applications may be returned to the Attention of Bonnie Kawasaki by:

Email: bonnie.kawasaki@crownsnestpass.com

Mail: Municipality of Crowsnest Pass, Box 600, Blairmore, AB, T0K 0E0

Deliver: Municipal Office, 8502 – 19 Avenue, Coleman

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