



## 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 Laken Mckee by:

**Email:** [laken.mckee@crownsnestpass.com](mailto:laken.mckee@crownsnestpass.com)

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

**Deliver:** Municipal Office, 8502 – 19 Avenue, Coleman

*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.*