



TOWN OF WOODSTOCK MUNICIPAL YOUTH COUNCIL APPLICATION FORM

Empowering Youth. Building Community.

Deadline to Apply: July 31st

Submit to: youthcoordinator@woodstocknb.ca

Eligibility: Applicants must be between the ages of **13 and 24** and have a permanent address within the Town of Woodstock municipal boundary.

PERSONAL INFORMATION

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Age: _____

Gender (Optional): _____

Preferred Pronouns: _____

Address: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

EDUCATION / EMPLOYMENT

Current School, Institution, or Employer (if applicable):

Grade / Year / (if applicable): _____

Skills or Certifications (if applicable): _____

COMMUNITY INVOLVEMENT

Have you participated in any community groups, clubs, or volunteering?

☐ Yes ☐ No

If yes, please describe briefly:

Have you held any leadership roles or positions of responsibility?

In what other ways do you actively contribute to your community?

SHORT ANSWER QUESTIONS

You may choose to respond to the short answer questions either by writing your answers or by submitting a video response. Please select a method that allows you to express yourself most comfortably and effectively. If needed, you may also attach additional pages to provide more detailed answers.

1. Why do you want to join the Municipal Youth Council?

2. What issues do you think are most important for youth in our community?

3. What skills, talents, or innovative ideas can you bring to the Youth Council?

4. Describe a time when you worked as part of a team. Explain how you contributed to the team dynamic and helped achieve a shared goal.

5. What sets you from other candidates applying for this position?

ACCESSIBILITY

If you require any accommodations to complete this application or to participate in the Municipal Youth Council, please contact clerk@woodstocknb.ca. We are committed to providing an accessible and inclusive process for all applicants and aim to ensure that no one faces barriers to participation.

1. Are you able to attend monthly meetings and participate in events or projects?

☐ Yes

☐ No

☐ Maybe – please explain: _____

2. Do you have access to reliable transportation?

☐ Yes

☐ No

☐ Maybe – please explain: _____

REFERENCES

Please provide the names and contact information of two individuals who can speak to your character, skills, or community involvement. These may include teachers, coaches, employers, or community leaders.

Reference #1:

Name: _____

Contact Information: _____

Reference #2:

Name: _____

Contact Information: _____

PARENT/GUARDIAN CONSENT (Required for applicants under 14)

Parent/Guardian Name: _____

Phone Number: _____

☐ I give permission for my child to participate in the Municipal Youth Council.

Signature: _____ **Date:** _____
