



APPLICATION - YOUTH MAKING A CHANGE (YMAC)

Please submit in person or by email to: **Vegreville & District Family & Community Support Services (FCSS)** 4829-50th St. Town of Vegreville Administration Building (across from CIBC bank) Vegreville, AB T9C 1R7
Email: fcss@vegreville.com

YOUTH INFORMATION

Applicant's Name: _____

Birthdate (mm/dd/yyyy): _____

Address: _____

Town/County: _____ Province: _____ Postal Code: _____

Home phone: _____ Cell: _____ Email: _____

Are you able to commit approximately 5 hrs per month to being an active member of the YMAC program from Sept 2017 to April 2018

- Yes
- No

Is at least one parent/guardian aware that you are applying for the program?

- Yes
- No

Note:

- If you are a successful applicant your parent/guardian will need to sign a permission/waiver form for you to participate in the program.
- An interview may be requested if more than 12 people apply.

PARENT/GUARDIAN INFORMATION

Parent/Guardian (1):

Name: _____ Email: _____

Address: _____

Town/County: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____

Parent/Guardian (2):

Name: _____ Email: _____

Address: _____

Town/County: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____

SCHOOL INFORMATION

School Name: _____ Grade: _____

1. Are you a member of any groups, committees, extra school activities, or sports at your school?

- Yes
- No

If 'Yes' to the previous question, what is the name of the group(s) and what is your role:

COMMUNITY INFORMATION

1. Are you a member of any groups, committees/boards, programs, activities or sports that are not part of your school?

- Yes
- No

If 'Yes' to the previous question, what is the name of the group(s) and what is your role:

2. How did you hear about the Youth Making a Change (YMAC) program? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Poster | <input type="checkbox"/> Post on Facebook or Instagram |
| <input type="checkbox"/> A friend | <input type="checkbox"/> Town of Vegreville website |
| <input type="checkbox"/> A friend of the family | <input type="checkbox"/> YMAC Blog |
| <input type="checkbox"/> My principal | <input type="checkbox"/> Radio |
| <input type="checkbox"/> A teacher | <input type="checkbox"/> Email |
| <input type="checkbox"/> My parent/guardian | <input type="checkbox"/> Text |
| <input type="checkbox"/> A relative | <input type="checkbox"/> Community Sign or Billboard |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Classroom presentation |

3. What are the **top 3 social issues** from the list below that are important to you? Please place a check mark or highlight your 3 choices.

- | | |
|--|--|
| <input type="checkbox"/> Community revitalization | <input type="checkbox"/> Human rights |
| <input type="checkbox"/> Disaster relief | <input type="checkbox"/> Hunger |
| <input type="checkbox"/> Family violence or abuse | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Education | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Unemployment for adults and youth | <input type="checkbox"/> Female empowerment |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Negative view of youth |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> LBGTQ rights |
| <input type="checkbox"/> Negative attitudes | <input type="checkbox"/> Lack of community services or resources |
| <input type="checkbox"/> Homelessness & poverty | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Don't feel welcome in the community | <input type="checkbox"/> Unhealthy relationships |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Not enough affordable housing |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Lack of transportation |