

**CALLING ALL FIRST NATIONS YOUTH!**

**The BC Life Promotion for All My Relations Youth Advisory Committee is welcoming applications to become a new member and join us on our journey of wellness.**

**APPLICATION FORM FOR MEMBERSHIP**

Please tell us a little bit about yourself and why you think you would make a great member of the committee. We welcome any and all answers. Tell a lengthy story or just write a little. No pressure ☺

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| NAME: |  |
| GENDER:  (if applicable) |  |
| DATE OF BIRTH:  (day/month/year) |  |
| ADDRESS: |  |
| NATION OR HOME COMMUNITY:  (if different from address) |  |
| PHONE NUMBER: |  |
| EMAIL ADDRESS: |  |

1. Why do you want to join the youth advisory committee?

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1. What experience, interests, or community involvement do you have that would make you an important member of the youth advisory committee? (Ex: lived experience with mental health challenges, being a team member, volunteering, student council membership, etc.)

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1. What inspired you to want to make a difference?

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**INSTRUCTIONS FOR APPLICANTS**

1. Complete this application form and email it to: [youth@fnha.ca](mailto:youth@fnha.ca)
2. Include a short letter of reference or contact for a teacher, chief, council member, Elder or other community leader who nominates you for this important role as a youth leader and supports your participation as a member of the youth advisory committee*.*
3. Submit your application by July 10, 2020.

If you need assistance or have any questions, please contact [youth@fnha.ca](mailto:youth@fnha.ca) or call 604-219-6511.

***Thank you for applying!***