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| jmcc_colour | **APPLICATION FOR YOUTH ADVISORY COUNCIL** | 3945 Matchette Rd.Windsor, Ontario N9C 4C2T: 519.252.7281Toll Free: 1.800.976.JMCC (5622)F: 519.252.5873www.jmccentre.ca |

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| Name: |       | Date: |       |
| Address: |       |
| City: |       | Postal Code: |       |
| Daytime phone: |       | Evening Phone: |       |
| Email address: |       |

1. I am:

[ ]  Currently receiving services from JMCC

[ ]  I am a past client of JMCC

1. Why are you interested in joining our Youth Advisory Council? (answer below)

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1. As a member of the Youth Advisory Council, I would be interested in: (check all that apply)

[ ]  Helping create support groups, ie. emotional, peer, newly diagnosed and chronic disabilities, etc.

[ ]  Helping create/organize social opportunities for the youth and young adults, ie. outings to the mall, the movies, board game nights, karaoke nights, sports night, etc.

[ ]  Short term projects, ie. helping plan events that will be fun while also bringing awareness to our Youth Advisory Council

[ ]  Advising JMCC staff on issues that impact youth with disabilities

[ ]  Assisting in the development of new programs for youth with disabilities

1. When are you available for meetings:

[ ]  During the day

[ ]  In the evening

1. Please specify if you have experience or would be interested in any of the following areas:

 [ ]  Public speaking

 [ ]  Creating graphics and working with programs like Publisher

 [ ]  Research

 [ ]  Calling people

 [ ]  Written communication

 [ ]  Verbal communication

 [ ]  Generating ideas

1. What are some things you would like to change at the Centre to make the experience better for youth?

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