



Youth Advisory Council Application Form

Member Details

First Name: _____ Last Name: _____

DOB (mm/dd/yyyy): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Residence: Rural Farm Rural Community (Pop. Less than 20,000) Urban City (Pop greater than 20,000)

Email: _____

Phone (Primary): _____ Phone (Secondary): _____

School: _____ Grade: _____

Post Secondary Institution: _____ Major: _____

Guardian Information (Members under 18 years old)

Name: _____

Phone: _____

Email: _____

Emergency Contact and Information

In case of an injury or illness emergency it is helpful for us to have the following information. This information is provided on a voluntary basis and is strictly confidential. It will only be used in an emergency.

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any allergies, illness or health concerns we should be aware of:

Tell us a little bit more about yourself – what are your interests, what types of activities do you enjoy?

What careers interest you?

What is your involvement in agriculture and/or what is it about agriculture that interests you?

Why do you want to join Ag for Life's Agriculture Youth Advisory Council?

What areas interest you? (circle all that apply)

Agriculture Education

Rural and Farm Safety

Agriculture Careers

Marketing

Responsible Use of Social Media

Video Creation

Fundraising

Writing and Communications

Event Planning

Presentation Skills

Mental Health and Wellness

Youth Education

Other:

Please submit completed applications via email to info@agricultureforlife.ca or mail to:

Agriculture for Life
Youth Advisory Council Coordinator
32 Priddis Creek Drive
Foothills, AB
T0L 1W2