



LIONS GATE HOSPITAL  
**FOUNDATION**

**2022/2023 Lions Gate Hospital Foundation Youth Advisory Committee  
Application Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will you be enrolled in school in September 2022? \_\_\_\_\_

School Name: \_\_\_\_\_

What grade/year will you be entering in September 2022 ? \_\_\_\_\_

If you will not be attending school, will you be working? \_\_\_\_\_

Where: \_\_\_\_\_

Please list the skills and/or experiences that you will bring to the YAC:

Please list your extracurricular interests/hobbies:

Please list any Boards, Committees, Councils or other community organizations you have been involved with and briefly describe your role(s):

Why are you interested in applying for the Youth Advisory Committee? What would you like to get out of your involvement?

What aspect of fundraising for health care are you most passionate about?