



LIONS GATE HOSPITAL
FOUNDATION

2024/25 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 2024? _____

School Name: _____

What grade/year will you be entering in September 2024 ? _____

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?