

WEST COAST YOUTH ADVISORY COUNCIL NOMINATION FORM

Nominee Information:

Full Name of Nominee: _____

Date of Birth: ____/____/____

Gender: [] Male [] Female [] Non-binary [] Prefer not to say

Email Address: _____

Phone Number: _____

Nominator Information:

(please leave blank if self-nominating)

Nominator's Full Name: _____

Relationship to Nominee: _____

Nominator's Email Address: _____

Nominator's Phone Number: _____

Reason for Nomination:

Please describe why you are nominating this individual (or yourself) for the Youth Advisory Council and what qualities or skills make them a suitable candidate:

Additional Information:

Please provide any additional information or comments that you believe would be valuable for the selection committee to consider when reviewing this nomination:

Parent/Guardian Consent:

I, the undersigned parent or guardian of the nominee, hereby give my consent for them to be nominated for the Youth Advisory Council and acknowledge that I am aware of the commitments and responsibilities involved.

Parent/Guardian Name: _____

Date: _____

Signature:

Nominator Acknowledgement:

I, the undersigned nominator, certify that the information provided in this nomination form is accurate and complete to the best of my knowledge.

Nominator's Signature: _____

Date: //_____

Please return this completed nomination form to [Your Organization's Address] or submit it electronically to [Your Organization's Email Address].