

## Youth Ambassador Society Application Form

**\*\* ALL FIELDS REQUIRED.**

### APPLICANT'S INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
(Print First Name) (Print Last Name)

Age		Date of Birth	
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Email:		Phone Number:	
Home Mailing Address:	<small>(Street)</small>	<small>(City)</small>	<small>(Postal Code)</small>

School:		Grade Level:	
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### PARENT'S INFORMATION 1

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
(Print First Name) (Print Last Name)

Email:		Phone Number:	
Occupation:			

### PARENT'S INFORMATION 2

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
(Print First Name) (Print Last Name)

Email:		Phone Number:	
Occupation:			

Are you receiving credits for volunteer work?

If yes, what school or organization do you require the hours for?



How did you hear about YAS program?

Do you have any previous volunteer experience? Yes  No

If Yes, where? \_\_\_\_\_

How long? \_\_\_\_\_

**Describe why you are interested in YAS program in about 200 words.**



### **Additional Expectation - Parents Involvement and Support**

The success of YAS needs parents' active support and involvement. Please outline below how you, as parents, plan to actively support your child's fundraising goal and ambassador role (in about 200 words).

### **References**

Please provide one reference that has known you for at least 6 months: (please inform your reference he/she will be contacted)

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal relationship with you: \_\_\_\_\_

For all applicants under the age of 16, parental guardian consent is required before submitting this application

I, \_\_\_\_\_ (Print your name) grant my child,

\_\_\_\_\_ (Child's name), permission to participate the Youth Ambassador Society Program at Burnaby Hospital Foundation.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## About the Program

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Be part of the next generation of community leaders, while building real world skills and learning about health care at Burnaby Hospital.

The Youth Ambassador Society (YAS) is an eight month program offered to a limited number of kids and teens, aged 10 – 16.

Offered through Burnaby Hospital Foundation, in partnership with its Chinese Ambassador Society, participants will achieve personal growth through workshops, volunteering, fundraising, and building communications skills.

### Requirement

Youth Ambassador Society members are asked to attend all workshops and a minimum of two volunteer opportunities.

Ambassadors are encouraged to fundraise a minimum of \$1,000 throughout the duration of the program in support of Burnaby Hospital Foundation.

### How to Apply

1. Download the application form at: [bhfoundation.ca/events/youth-ambassadorsociety](http://bhfoundation.ca/events/youth-ambassadorsociety)
2. Submit completed application to [admin@bhfoundation.ca](mailto:admin@bhfoundation.ca)
3. \$200 membership fee payable upon confirmation of acceptance

Application deadline: **April 14, 2019**

For any question, please email to [admin@bhfoundation.ca](mailto:admin@bhfoundation.ca) or call **604-431-2881**