

tel: 647.812.8545 fax: 905.455.6162 office@rootscs.org www.rootscs.org

Roots Community Services Youth Advisory Board Application Form

Personal Information

Full Name:	Date of Birth:	Gender:		
Address:				
City:	Postal Code:			
Phone Number:	Email Address:			
Education and Background				
Current School/College/University:		Grade/Year:		
Field of Study (if applicable):				
Extracurricular Activities:				

Questions

1.	Do you identify as a member of the Black African Caribbean (BAC) Community?
	Yes No Prefer not to disclose
2.	Why are you interested in joining the Roots Community Services Youth Advisory Board? (Please provide a detailed response)
3.	What specific skills, experiences, or perspectives do you bring to the Youth Advisory Board? (Please provide examples)
4.	Describe a time when you demonstrated leadership or took initiative in your community or school. (Please provide a detailed response)

6. How do you think (Please provide a de	the Youth Advisory Board can impa tailed response)	act the community?		
	References			
Reference #1				
Name:				
Relationship:	Phone Number:	Email:		
Address:		<u>I</u>		
Reference #2				
Name:				
Relationship:	Phone Number:	Email:		
Address:		I		

5. What issues affecting Black African Caribbean youth in your community are

you most passionate about, and why?

(Please provide a detailed response)

Availability
 □ Are you able to commit to monthly meetings and additional activities as required?
Declaration I, the undersigned, certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any false statements may result in my disqualification from the application process.
Signature: Date:
Submission Instructions
Please submit your completed application form to nyah@rootscs.org or drop it off at our office located at 36 Queen Street East, Brampton, ON, L6V 1A2.
For any questions or further information, please contact Godfred at 289-541-3334 or godfred@rootscs.org .