

## APPLICATION CHECKLIST

**IS YOUR APPLICATION PACKAGE COMPLETE? MAKE SURE YOU HAVE INCLUDED:**

- Member Application Form
- 1 Reference Letters (from teacher, sports coach, guidance counselor, principal, etc).
- Parental / Guardian Consent Form (applicable for youth under 18 years of age)

**After including all of the materials, please send your application package to:**

CODA YAC  
505 – 111 Peter Street  
Toronto, ON, Canada  
M5V 2H1

**GOOD LUCK!!**

# Member Application Form – Youth Advisory Council – ONTARIO Region

## BACKGROUND INFORMATION:

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

Facebook Name: \_\_\_\_\_ MySpace Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

### \*\*\*\*\*IMPORTANT\*\*\*\*\*

**How do you want us to contact you? Please put an asterisk (\*) beside your preferred method of communication above.**

### ELIGIBILITY CRITERIA: In order to be eligible to apply for the CODA Youth Advisory Council, you must be:

- 1) A fulltime student registered in an Ontario school.
- 2) Between the ages of 14 and 19 – or in Grades 9, 10, 11 or 12.
- 3) In good academic standing / non delinquent
- 4) Committed to CODA mission and vision

I have read and understand the eligibility criteria.

\_\_\_\_\_  
(please initial)

I understand that incorrect or falsified information will result in my application being automatically rejected.

\_\_\_\_\_  
(please initial)

**I declare that I satisfy all the above eligibility criteria.**

\_\_\_\_\_  
(please sign)

#### PRIVACY OF INFORMATION POLICY

The Council on Drug Abuse (CODA) is collecting this information for the purposes of administering CODA programs, products and services including newsletters and program publications. Protecting your privacy and the confidentiality of your information - over the Internet, on the telephone, or through our offices - has always been fundamental to the way we conduct ourselves at the CODA. We operate on the basis of a Privacy Policy and related procedures that guide the handling of the personal information we collect. We have created this privacy statement in order to demonstrate our firm commitment to protecting the privacy of our members, partners and potential Website visitors. This policy and related procedures are consistent with the Canadian Standards Association Model Code for the Protection of Personal Information (herein "CSA Model Code") and applicable privacy legislation. To view our Privacy Policy in its entirety, please visit our website at [www.drugabuse.ca](http://www.drugabuse.ca)

## APPLICATION QUESTIONS

*Please answer ALL of the following questions to the best of your ability.*

***Please Note: In order for your application to be considered, you must complete ALL of the application questions below.***

Section 1: Please answer the following four (4) questions relating to your potential involvement on the CODA Youth Advisory Council.

1) Where did you hear about the CODA Youth Advisory Council?

---

---

2) Why do you want to be a CODA Youth Advisory Council Member?

---

---

---

---

---

3) What skills and experiences do you want to gain from your CODA Youth Advisory Council experience?

---

---

---

---

---

4) What makes you an ideal CODA Youth Advisory Council Representative for your community?

---

---

---

---

---

# Member Application Form – Youth Advisory Council – ONTARIO Region

SECTION 2: Please answer the following four questions relating to your representation of your community and / or school.

1) Are you actively involved in your community and / or school? If so, please describe your involvement.

---

---

---

---

---

2) What are the main drug abuse problems in your school and /or community?

---

---

---

---

---

3) Why is prevention of drug abuse important to you and your community?

---

---

---

---

---

4) How, in your opinion, is the best way to prevent youth drug abuse in your school / community?

---

---

---

---

---

# Member Application Form – Youth Advisory Council – ONTARIO Region

Section 3: **Ambassador** of School Youth Advisory Council

*If you are applying for the executive position of **Ambassador** of your school CODA Youth Advisory Council, you **MUST** also answer the following questions. Those who are applying to be **YAC Members** do not need to fill out this page.*

1) Do you have experience as a leader? Please describe.

---

---

---

---

---

2) Do you have experience organizing youth meetings (i.e. student government, student projects, etc.)? Please describe.

---

---

---

---

---

3) Do you have experience organizing fundraising events? Please describe.

---

---

---

---

---

4) What are your achievement goals during your term as AMBASSADOR of your school CODA Youth Advisory Council?

---

---

---

---

---