



Norfolk Youth Council Application
All applicants must be 13 to 19 years of age.

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Email: _____

Norfolk County Community Services Division requests your consent to allow us to email you and share your email address with the members of the Council. Your consent is required to comply with Canada's Anti-Spam Legislation. **Yes** **No** Initial: _____

School: _____ Grade: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship to Applicant: _____

Why do you want to be a part of Norfolk's Youth Council? *Use back of this form if needed.*

Photo Release:

I authorize and grant permission for the Corporation of Norfolk County or its assignees to freely utilise my photograph. **Yes** **No** Initial: _____

Signature:

I, certify that all the information contained within this application is truthful and accurate, and I understand what this application is for.

Applicant Signature: _____

Parent/Guardian Signature: _____

Date: _____

Please drop off your application at the Simcoe Recreation Centre | Fax to (519) 426-0300 |
Email merisa.kriwez@norfolkcounty.ca