



# 卡城華人社區服務中心

## Calgary Chinese Community Service Association

#1, 128 - 2nd Ave, S.W., Calgary Alberta T2P 0B9

華埠西南二大道一二八號河濱大廈地下

TEL: 403.265.8446 FAX: 403.233.0070 WEB: www.cccsa.ca

### Youth in Action 2015 Leadership Training Application Form

#### Applicant Information

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

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (dd/mm/yr)

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Were you born in Canada? Yes \_\_\_ or No \_\_\_ Language(s) Spoken: \_\_\_\_\_

If you are in school, what grade are you in? \_\_\_\_\_

If you are working, please name your job: \_\_\_\_\_

Do you have any medical condition / physical disability that we should be aware of?

Emergency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Personal References

In order to be considered for the program, please provide the name and contact information of two community leaders (It can be your pastor, volunteer coordinator, neighbor or teacher) who can comment on your involvement in community service and your ability as a youth leader.

**Reference Name 1:** \_\_\_\_\_

Position: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Reference Name 2:** \_\_\_\_\_

Position: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Consent for Media Coverage & Release

I, being the independent applicant or the parent / legal guardian of the applicant named below, declare that the information I have given is complete, truthful and correct. I voluntarily give the Calgary Chinese Community Service Association (CCCSA) permission to include me or my child in the media coverage and consent to post or publish my or my child's photographs and personal information in various public forums such as CCCSA website, newsletter, radio program, AGM, or public newspaper, etc for non-profit educational purposes.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Independent Applicant

\_\_\_\_\_  
Name of Applicant (if under 18 years old)

\_\_\_\_\_  
Name & Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date