



# RCMP NATIONAL YOUTH ADVISORY COMMITTEE APPLICATION FORM

**A**

## Commitment to the RCMP National Youth Advisory Committee

The goal of the RCMP National Youth Advisory Committee (NYAC) is to ensure youth participation in the development of effective RCMP youth strategies and initiatives. Members of the NYAC interact through a private Facebook group to discuss issues that matter to them. All participants are expected to answer **all** discussion questions. We encourage the flow of discussions, and when needed, we will also join in to keep the conversation going. We'd love to hear from you, and hear from you often.

I, \_\_\_\_\_ (name of young person), understand the goal of the NYAC and commit to devoting between two to four hours of my time a month responding to all discussion topics.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ (name of parent/legal guardian) support the commitment that my young person is making towards the RCMP NYAC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete all sections of the form with a parent or guardian and send it by:

**Email:** RCMP.Youth-Jeunesse.GRC@rcmp-grc.gc.ca;

**Fax:** 613-825-8582; or

**Mail to:** RCMP National Youth Services  
73 Leikin Drive Mailstop # 8  
Ottawa ON K1A 0R2

PIB No. : CMP-PPU 010

**Please complete this form on a computer or tablet to ensure clarity. If you are filling this out by hand, print as neatly as possible. If coordinators cannot read the information provided, you may no longer be considered for the RCMP NYAC.**

**B**

## Applicant Information

Name (first and last): \_\_\_\_\_

Birthday: (YYYY-MM-DD) \_\_\_\_\_

Do you reside in Canada?:  Yes  No

Full mailing address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Do you have a smartphone:  Yes  No

Phone number: (\_\_\_\_) \_\_\_\_\_

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

How did you hear about this opportunity?

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Twitter      | <input type="checkbox"/> Teacher      |
| <input type="checkbox"/> Facebook     | <input type="checkbox"/> Youth Worker |
| <input type="checkbox"/> RCMP Officer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Parent       |                                       |

**C**

## Online Information

Twitter handle (optional): @\_\_\_\_\_

Instagram handle (optional): @\_\_\_\_\_

Do you have a Facebook account?  Yes  No

**\*Please note that this Committee takes place on a Facebook Group so you must have a Facebook account to participate. If you currently do not have one but would consider getting one for this program, please indicate so in an email to us.**



# RCMP NYAC APPLICATION FORM

## D School Information (if applicable)

Name of school: \_\_\_\_\_

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

Phone number: (       ) \_\_\_\_\_

## E Tell Us More About You

Why do you want to be a member of the NYAC?

Do you volunteer with any other organizations?

In which of Canada's official languages do you feel most comfortable communicating in?

English  French

Tell us about the biggest issue facing youth in your community (eg. drugs, bullying, relationship violence, gangs, etc). What is currently being done about this issue? What would you like to do about it? What relevant skills or experience could you use to tackle this issue?

# RCMP NYAC APPLICATION FORM

## F Reference

Please ask a teacher/principal, elder, police officer, community leader or another authority figure to act as a reference and complete this form.

\*Since school is out for the summer, we will accept applications without the reference sheet, however all reference sheets must be provided no later than **September 15<sup>th</sup>, 2017. If this is a problem, please contact us.**

Name of applicant: \_\_\_\_\_

Name of reference: \_\_\_\_\_

Function:

- Teacher                       Police officer  
 Principal                       Youth worker  
 Guidance counselor    Other (please specify): \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Phone number: (      ) \_\_\_\_\_

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

**Please sign and date the section below:**

I, \_\_\_\_\_, certify that I know the applicant \_\_\_\_\_ and that they are **between the age of 13 and 18 as of September 15<sup>th</sup>, 2017.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# RCMP NYAC APPLICATION FORM

## G Model Release Agreement (Optional): Films - Photos - Videos

I, \_\_\_\_\_  
agree to model for and on behalf of Her Majesty the Queen in right of Canada in the production of RCMP photographs, motion pictures, videos or other productions ("RCMP materials").

I give Her Majesty, her employees, agents and representatives, the right to use, modify, reproduce and distribute in any media or format, any such likeness of mine for any purpose whatsoever, whether alone or in combination with other material.

I also give to Her Majesty, her employees, agents and representatives, permission to give others these same rights, all without payment of any compensation to me.

I release and discharge the RCMP, its employees, agents and representatives from any claims, obligations or liability of any kind related in any way to this consent or the publication or distribution of the RCMP materials.

In witness whereof, I have executed this consent and release on \_\_\_\_\_  
Date (Y-M-D)

\_\_\_\_\_  
Name of the Model

\_\_\_\_\_  
Telephone Number of Model

\_\_\_\_\_  
Signature of the Model

\_\_\_\_\_  
Signature of Parent/Guardian if model is under 19 years of age

# RCMP NYAC APPLICATION FORM

## H Demographics

Completion of Part G (self-identification) is voluntary for the purpose of collecting information on the composition of the RCMP National Youth Advisory Committee (NYAC).

The RCMP NYAC is committed to have a diverse youth committee reflective of Canadian society. Your responses will help us identify if our recruiting efforts are reaching youth applicants from diverse backgrounds.

### Sex:

- Male  Female  Non-binary  Prefer not to answer

### Indigenous persons:

An Indigenous person is a North American Indian or a First Nation, a Métis, or Inuit. North American Indians or members of a First Nation include status, treaty or registered Indians, as well as non-status and non-registered Indians.

Are you an Indigenous person?  Yes  No

If you replied yes to the previous question, you may voluntarily select one of the following categories which best describes your aboriginal status.

- Inuit  
 Métis  
 First Nation/North American Indian  
 Other, please specify: \_\_\_\_\_

### Visible minorities:

A person in a visible minority in Canada is someone (other than an Aboriginal person as defined above) who is non-white in colour / race, regardless of place of birth.

Are you in a visible minority or origin group?  Yes  No

If you replied yes to the previous question, you may voluntarily select one of the following categories which best describes your visible minority group or origin.

- Black  
 Non-white Latin American (including indigenous persons from Central and South America, etc.)  
 Person of mixed origin (with one parent in one of the visible minority groups listed here)  
 Chinese  
 Japanese  
 Korean  
 Filipino

- South Asian / East Indian (including Indian from India, Bangladeshi, Pakistani, East Indian from Guyana, Trinidad, East Africa, etc.)  
 Non-white West Asian, North African or Arab (including Egyptian, Libyan, Lebanese, Iranian, etc.)  
 Southeast Asian (including Burmese, Cambodian, Laotian, Thai, Vietnamese, etc.)  
 Other VM group, please specify: \_\_\_\_\_

### Persons with disabilities:

A person with a disability has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment.

Are you a person with a disability?  Yes  No

If you replied yes to the previous question, you may voluntarily check any of the following categories which best describes your disability.

- Co-ordination or dexterity (difficulty using hands or arms, for example, grasping or handling a stapler or using a keyboard)  
 Mobility (difficulty moving around, for example, from one office to another or up and down stairs)  
 Speech impairment (unable to speak or difficulty speaking or being understood)  
 Blind or visual impairment (unable to see or difficulty seeing)  
 Deaf or hard hearing (unable to hear or difficulty hearing)  
 Other disability (including learning disabilities, developmental disabilities and all other types of disabilities)

If you have checked "Other disability", please specify:

*Thank you for your interest  
in the RCMP National Youth  
Advisory Committee.*