



Youth Committee Registration Form

Island Sexual Health Society
#101-3960 Quadra street, Victoria BC
Phone: (250) 592-3479 Fax: (250) 361-3422
youth@islandsexualhealth.org

We are happy you are interested in joining the Youth Committee! This form is to help us get to know you a little more. Please fill out as much or as little information as you would like. ☺

Date: _____

Name: _____

Pronouns: _____ Birth Date: _____

Email: _____ Phone: _____

Emergency Contact (name and phone): _____

Allergies/ Medical conditions/ Dietary restrictions: _____

1. Are you/will you be in school this year? Yes No
2. A. If yes, which school are you/will you attend? What will you be studying? If in high school, what courses will you be taking?

B. If no, what are your plans this year? If unsure, any hopes and future plans?
3. Why are you interested in being part of Island Sexual Health's Youth Committee? (can check more than one)
 - Volunteer hours
 - Personal development skills
 - Support an important cause
 - To learn more about sexual health education
 - Other:

4. Do you have any areas of interest, hobbies, skills and/or talents? This can be anything- practical, entertaining, random, etc.

5. How do you spend your free time? Any other interests?

6. The youth committee requires dedicated individuals who are willing to commit at least 2 hours a month to our meetings for at least a year. How much time are you willing to commit?
 - 2 hours
 - 3-7 hours
 - Over 7 hours
 - Other: _____

7. What is your availability? (What days of the week or times of the day are you mostly available?)

8. Tell us anything else about yourself that you would like us to know!

Applicants Signature: _____

Thank you for applying! To submit this form you may drop it off at our main clinic or email it to youth@islandsexualhealth.org.

OFFICE USE ONLY

Confidentiality Agreement _____