



**Application  
For  
Sunshine Youth Senate**

| <b>Contact Information</b>   |               |
|--|---------------|
| Name:  |               |
| Address:   |               |
| City:  | Postal Code:  |
| Phone (home):  | Phone (cell): |
| Email:   |               |
| <b>Emergency Contact Information</b>   |               |
| Name:  |               |
| Relationship to Applicant:   |               |
| Address:   |               |
| City:  | Postal Code:  |
| Phone (home):  |               |
| Phone (work):  |               |
| Phone (cell):  |               |
| <b>Personal Information</b>  |               |
| School (Please check one):   |               |
| <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Homeschool <input type="checkbox"/> OASIS <input type="checkbox"/> Other |               |
| Name of School (if applicable):  |               |
| Current Level of Study:  | Age:          |
| <b>Additional Information</b>  |               |
| Why do you want to volunteer for the Sunshine Youth Senate?  |               |
| How would your appointment benefit the youth of the City of Orillia?   |               |
| <b>Note:</b> A resume or synopsis outlining any additional information you deem to be pertinent may be attached to this application.                                     |               |

### Consent of Parent/Guardian

I hereby consent to the above youth participating in the Orillia Youth Senate.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian  
(for those under the age of 18)

### Photo – Video – Audio Consent

I consent to the use of my/my child's name, portrait, picture, photograph, or video/audio as part of any communications/marketing material prepared by the City of Orillia, Orillia Youth Centre, and/or a City of Orillia Board/Committee.

These images/video/audio may be used for internal or external communications or promotional products, such as publications, displays, pamphlets, brochures, presentations, website and social media.

I agree that I shall have no claim against the City of Orillia or against anyone accessing or using images from this collection.

\_\_\_\_\_  
Name of Applicant

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

\_\_\_\_\_  
Name of Parent/Guardian  
(for those under the age of 18)

\_\_\_\_\_  
Signature of Parent/Guardian  
(for those under the age of 18)

### Applicant Acknowledgement

- I hereby acknowledge and agree that, if appointed,
- I will comply with all the written policies and guidelines that have been provided relevant to my appointment,
  - My position as a volunteer will be used in the best interest of the City of Orillia and not for business or personal benefit or gain,
  - I will maintain an equitable, honourable and cooperative relationship with Council in all matters relating to Sunshine Youth Senate activities.
- I certify that all the information given by me is accurate and complete and understand that, if appointed to the Sunshine Youth Senate, falsified information on this application shall be considered sufficient cause for immediate dismissal from the Senate.

Date:

Signature of applicant:

Return completed form to:

Robin Cadeau, Assistant Clerk  
City of Orillia  
50 Andrew Street South, Suite 300  
Orillia, ON L3V 7T5

Telephone: 705-329-2452  
Fax: 705-325-5178  
Email: [rcadeau@orillia.ca](mailto:rcadeau@orillia.ca)

**Personal information collected will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act for the purpose of making appointments to City of Orillia Boards and Committee. Successful applications will be disclosed to the relevant Committee for background and contact information. Further information concerning the collection of personal information should be directed to the Freedom of Information Coordinator, City of Orillia, 50 Andrew Street South, Suite 300, Orillia, Ontario, L3V 7T5, (705) 329-7234.**