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|   |  Youth Speak Out (YSO) |

# YSO Application Date:

##  Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date of Birth:  |  |
|  | First Name  |  Last Name |  |  |  |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |   |

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|  |
| **Guardian Name**(if under 18): |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

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| --- | --- | --- | --- | --- | --- |
| Are you?Currently in Care: |  YES[ ]  | NO[ ]  |  Aged out of Care? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PSI? |  YES[ ]  | NO[ ]  |  Adopted? | YES[ ]  | NO[ ]  |

## Application Questions

**Why do you want to participate in YSO?**

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| **Have you ever shared your story publicly?** Yes \_\_\_\_\_ No \_\_\_\_\_If yes, how did you share your story? |
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| Are you comfortable with public speaking? What is your experience with it?\*Please note – If no prior experience, it will be provided at training.  |
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| What means of self-care do you use? (ie: exercise, music, drawing, singing etc.)

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| What do you think the public needs to hear about youth in care? |
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| Are you able to commit to monthly group meetings and public engagements? (ie: speaking with the Children’s Advocate, Ministry of Social Services, Teachers, General Public etc.)  |
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| Where did you hear about YSO? |
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## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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| --- | --- | --- | --- |
| Guardian Signature: |  | Date: |  |