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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 |  |  |  |

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

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

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.)   |  | | --- | |  | |  | |
| 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: |  |

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