



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act* (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be addressed to the Director, Youth Services Policy, (250) 356-6906, PO Box 9745, Stn Prov Govt, Victoria, B.C. V8W 9S5.

Section One: Personal Information

Legal Name (The name on your I.D. and Birth Certificate):

Last Name	First Name	Middle Name
Preferred name if different from above		Date of Birth (yyyy-mm-dd)
Phone number:		E-mail address:
Home Address:		
Mailing Address if different		

What ethnic/cultural background do you identify with? (optional)
What gender do you identify with? (optional)
What are your pronouns? i.e. he/she/they (optional)

Section Two: Eligibility

To be eligible you must have experienced being in government care for at least a total of 24 months.

Type of care	Yes/No	Years
In foster care	<input type="radio"/> Yes <input type="radio"/> No	
On youth agreement	<input type="radio"/> Yes <input type="radio"/> No	
On independent living	<input type="radio"/> Yes <input type="radio"/> No	
On agreements with young adults (AYA)	<input type="radio"/> Yes <input type="radio"/> No	

Do you know if your file was held at a Ministry of Children and Family Development (MCFD) office or a Delegated Aboriginal Agency (DAA) office? If you know, do you remember the name of the office? Please write below what you can remember:
Name of the City/Town/Community your MCFD or DAA office was/is located in:
Name of current or last known Social Worker:

References

Please provide two references:

- One reference can be a personal reference, such as a foster parent, co-worker, classmate, or friend who you know well and can talk about you as a person.
- The second should be a professional reference, such as a boss, teacher, professor, mentor, or your social worker.

Reference 1:

Name:	Position/Relation To You:	
Company/School/Place of Employment (optional):		How Long Have They Known You?:
Phone number:	E-mail address:	

Reference 2:

Name:	Position/Relation To You:	
Company/School/Place of Employment (optional):		How Long Have They Known You?:
Phone number:	E-mail address:	

Please note you will be asked to complete a criminal record check as a YAC member. If you are concerned about having a criminal record check conducted, please contact us at MCF.YAC@gov.bc.ca

Section Three: Tell Us More About Yourself

Are you in school? If yes, what applies to you:

☐ Full Time ☐ Part Time

What grade(s) are you in or course(s) are you taking?

Are you working? If yes, what applies to you:

☐ Full Time ☐ Part Time

Name of the place you work:

What are some of your hobbies or favorite activities?

In approximately 250 words tell us why you are interested in joining the Youth Advisory Council. (You may write this on a separate piece of paper)

Thank you for filling out your YAC application! When completed, please send the form to MCF.YAC@gov.bc.ca. If you have any questions, feel free to ask them via email and don't be afraid to ask for help in filling out this application if you need.