



Self - Nomination Application Form

Candidate Name

Last Name

First Name

Pronoun

(she, he, they, zie, etc.)

Age

(Please select range)

16 - 17

18 - 24

25 - 35

36 - 60

60+

Contact Information

Region (eg. Halton, Peel, York, Wellington):

Email Address:

Phone:

Organization (if applicable):

PLEASE DO NOT DIVULGE DETAILED PERSONAL HEALTH INFORMATION ABOUT YOURSELF OR ANOTHER PERSON IN THIS FORM

I identify as having expertise due to lived experience in the following areas (Check all that apply)

I am a youth (16yrs-24 yrs) who has personal experience with suicide.

I am a family member, friend, or caregiver for someone who has had personal experience with suicide.

I have used resources in Mississauga for support around this topic (health, education, church, groups etc.).

I have been part of groups/committees/advisory to work towards positive change.

What is your reason for applying to the Youth and Family League (YaFL) (Check all that apply)

Build skills

Give back

Help change the system

Strengthen resilience

Build relationships

Other :

What made you want to be a part of this committee supporting change in your community?

What do you feel you could bring or would be able to contribute to this Youth and Family League?

(e.g. passion for the issues, experience with other community change, strong connection to your community, unique view/perspective, etc.)

Do you have access to a cell phone or landline if teleconferencing was required?

y n

Do you have access to a laptop or tablet if video conferencing was required?

y n

Is there anything else you would like us to know?