

Peace Arch Hospital Foundation's Youth In Action Program is designed for grade 10-12 students in South Surrey and White Rock who want to make a difference, get hands-on volunteer experience, and get involved in helping to make their community the healthiest possible. During the program, youth will engage in a variety of volunteer experiences around the community, healthy lifestyle activities such as yoga, and learn how to organize, plan, and execute a fundraising event.

**Before completing an application, please ensure you have read and understood the Youth In Action Eligibility Checklist. Please complete all sections and signatures. Incomplete applications will be not considered.**

**Application Submission Deadline**

**April 30, 2021, 4:30pm**

**CONTACT INFORMATION**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SCHOOL INFORMATION**

High School: \_\_\_\_\_

Grade: \_\_\_\_\_

Age: \_\_\_\_\_

**REQUIRED ATTACHMENTS:**

- Letter of Support (minimum 1)  
(From a teacher, sports coach, or adult who is not the applicant's parent or guardian)

## APPLICATION QUESTIONS

1. Provide a detailed response about why you would like to be part of the Youth In Action Program. (Minimum 250 words)

2. Why would you be a good fit for the Youth In Action Program? Tell us about yourself.



3. What does community mean to you?

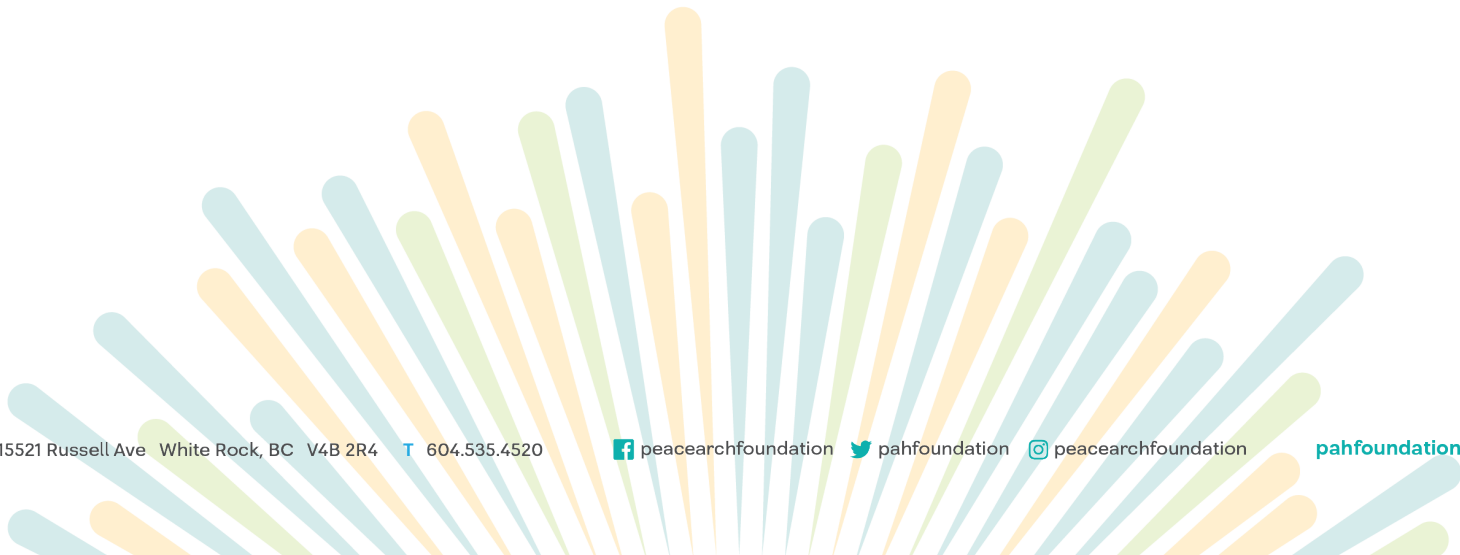
4. What do you know about Peace Arch Hospital Foundation?

5. Are you familiar with Peace Arch Hospital?



6. Please describe your volunteer experience, if any?

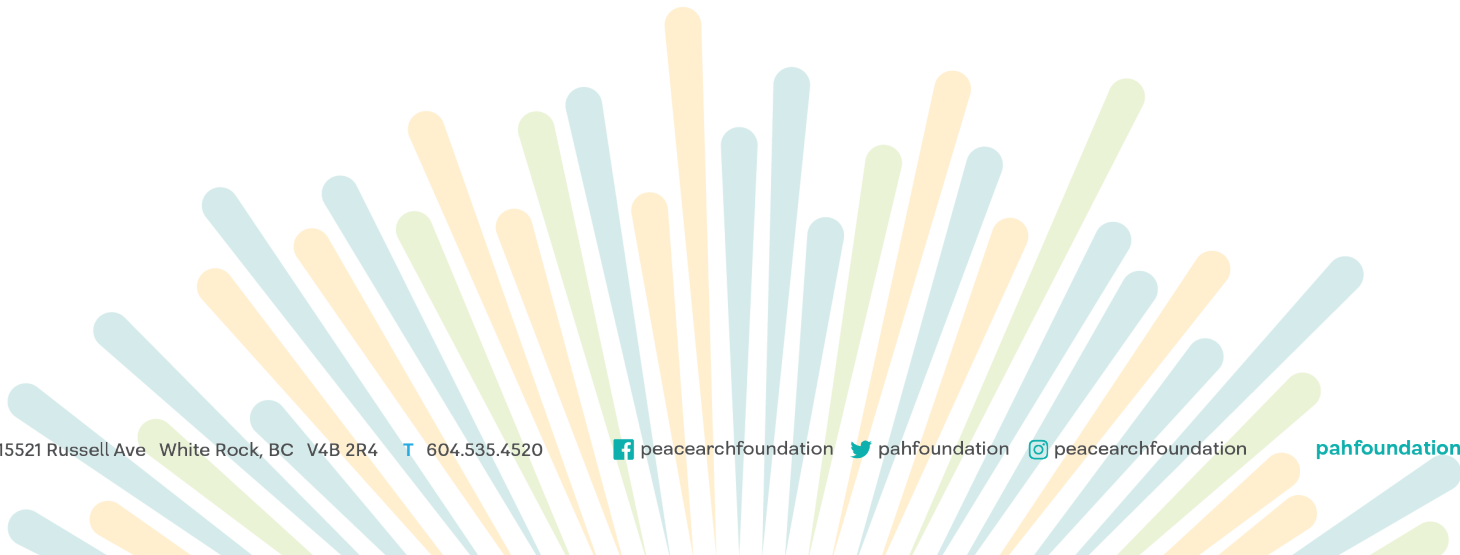
7. Through an example, please show how you have demonstrated commitment in the past.



8. Where do you see yourself in five years?

9. How important is living a healthy lifestyle to you?

10. If you could have a presenter speak about any topic, what would that topic be?  
What would you like to learn more about?



## APPROVALS

A signature is required from a parent or guardian.

Full Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ACKNOWLEDGEMENT

*By signing below, I hereby agree to abide by all decisions of Peace Arch Hospital Foundation (PAHF). I agree that all decisions are final and no discussion will be entered into following a decision. All application material becomes the property of PAHF for its use or release of same material for any purpose including publicity. All personal information gathered by PAHF regarding the applicant will held in the strictest confidence and treated as such under current privacy legislation. Personal information will only be shared with the PAHF Staff and Foundation's Board of Directors.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Please submit completed applications, and required attachments to:**

Amy Westen, Community Engagement Officer  
Peace Arch Hospital Foundation  
15521 Russell Avenue, White Rock, BC V4B 2R4

Or submit through email to:

E-mail: [amywesten@pahfoundation.ca](mailto:amywesten@pahfoundation.ca)

Phone: 604-535-4520

Fax: 604-541-5820