

Peace Arch Hospital Foundation's Youth In Action Program is designed for grades 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 Program Eligibility Checklist. Please complete all sections and signatures - incomplete applications will be not considered.

Please adhere to each question's word limit

Application Submission Deadline: May 31, 2026, 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. Why do you want to be part of the Youth In Action Program? What motivates you to give back to your community, and what would you hope to contribute? (Minimum 250 words, Max 500)

2. Tell us about a time you made a positive impact in your community. What did you do, and why did it matter to you?

3. Describe a time when you committed to something over a period of time (e.g., volunteering, school, team, project). What challenges did you face, and how did you stay committed?

4. What do you know about Peace Arch Hospital Foundation? How are we different from Peace Arch Hospital Auxiliary Society? How are we similar?

5. Describe a time you took initiative to start or improve something. What motivated you, and what was the outcome??



6. What would you hope to learn from this program, and how would you apply that learning to make a difference in your community?

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 be 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 Cross, Manager Community Partnerships
Peace Arch Hospital Foundation
15521 Russell Avenue, White Rock, BC V4B 2R4

Or submit through email to:

E-mail: amycross@pahfoundation.ca

Phone: 604.535.4520

Fax: 604.541.5820