



## Saskatchewan RCMP Youth Advisory Committee Application Form

Please read and complete this application with your parent/legal guardian.

Please send your completed application by September 10<sup>th</sup>, 2020 to:

[RCMP.FCommunityServices-FServicescommunautaires.GRC@rcmp-grc.gc.ca](mailto:RCMP.FCommunityServices-FServicescommunautaires.GRC@rcmp-grc.gc.ca)

### About the Saskatchewan RCMP Youth Advisory Committee

In 2019, the Saskatchewan RCMP circulated an anonymous youth survey to better understand the issues that youth say are important to them and how the RCMP can better work with them. A total of 3,765 youth between the ages of 12-17 completed the survey and identified drugs, bullying, alcohol, vaping and poor driving as being important issues affecting them and expressed an interest to have positive interactions with the RCMP. To respond to this feedback, the Saskatchewan RCMP is launching the first Youth Advisory Committee in 2020. Youth who are 12-17 years of age are invited to apply to participate in weekly Youth Advisory Committee meetings with other youth and a RCMP member in their community, monthly virtual meetings and a summer camp with regional Youth Advisory Committee members and mentors! Youth Advisory Committee members are required to volunteer at least six hours a month to participate in scheduled meetings and activities for one school year. At the end of the school year, Youth Advisory Committee members will receive a volunteer service certificate that they can use on employment and post secondary applications.

This application forms asks you to share information so we can plan for Youth Advisory activities throughout the year. It may take 30 minutes or more to complete this form. Please complete your application early so you can submit it before the deadline. We will not extend the deadline as we expect to receive a high number of applications.

### A) Commitment to the Saskatchewan RCMP Youth Advisory Committee

Please explain why you want to join our Youth Advisory Committee in 200 – 400 words below OR explain why in a creative video, poem, song or drawing for extra points!

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## **B) Applicant Information**

Full name (as it appears on government issued ID): \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

City/town/reserve: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Official language preference:  English or  French

Self-identify as an Indigenous person or a visible minority  Yes or  No

If yes, please specify: \_\_\_\_\_

## **C) Contact Information**

Email address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

## **D) Online information**

Facebook account:  Yes or  No

If yes, what is your email address on the account: \_\_\_\_\_

Instagram handle (if applicable): \_\_\_\_\_

Twitter handle (if applicable): \_\_\_\_\_

## **E) School Information**

Name of school: \_\_\_\_\_

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

City/town/reserve: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_

## **F) Medical Information**

Please list any allergies or dietary restrictions that the young person has (e.g. foods, drugs, animals, plants):

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Reaction/s: \_\_\_\_\_

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Treatment/s: \_\_\_\_\_

Life threatening allergy:  Yes or  No      If yes, does the youth carry an EpiPen?  Yes or  No

Please list any regular medications we should be aware of:

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Please list any medical, surgical or psychological conditions we should be aware of:

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Additional needs we should be aware of (e.g. learning, communication, disability):

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In the event of a medical emergency, please provide a list of contacts who are authorized to make medical decisions on behalf of your youth.

### **Immediate Contact Person**

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

Relationship to young person: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone number \_\_\_\_\_

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

City/town/reserve: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

**Alternate Contact Person**

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

Relationship to young person: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone number \_\_\_\_\_

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

City/town/reserve: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

**G) Parent/Legal Guardian information**

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

Relationship to young person: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

City/town/reserve: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

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

Relationship to young person: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

City/town/reserve: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

I, \_\_\_\_\_ (name of parent/legal guardian) have read the information in this application form and support my child's commitment to work with the Saskatchewan RCMP on the Youth Advisory Committee.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## **H) Personal Responsibility**

I, \_\_\_\_\_ (name of parent/legal guardian) declare:

That the statements I have made on this form are complete and true;

That I have provided phone numbers at which I, of the person I have authorized to act in my stead, can be reached at the applicable time; and

That should my young person incur any costs, expenses of damages during Youth Advisory Committee activities which are charged to the Royal Canadian Mounted Police, their representatives or any chaperones, I shall reimburse said person/organization.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## **I) Terms and Conditions**

### **Health Care**

If required, youth should bring prescribed medication with them to Youth Advisory Committee activities. Prescribed medication refers to that which is has been dispensed by a pharmacist at the request of a physician. Such medication should be labelled in named containers and accompanied by explicit instructions that state the length of treatment and dosage required. The RCMP will not administer any medication. The young person will administer their own medication if necessary.

If the young person requires an EpiPen, they must carry their own. In case of emergency, the young person is required to carry two EpiPens.

It is recommended that the youth have medical insurance coverage in case a medical issue arises.

## Clothing

Youth are required to wear appropriate clothing when participating in planned Youth Advisory Committee activities that is suitable for weather conditions and physical activity and does not have inappropriate or offensive writing, symbols, images or other styles or trends that may suggest behaviour that is against the law.

## Alcohol and Drugs

Without exception, youth cannot possess, purchase, sell, pass or be under the influence of alcohol or drugs when participating in Youth Advisory Committee activities (e.g. meetings and events). Any youth engaging in these actions during Youth Advisory Committee activities will be sent home immediately and can be charged for breaking the law.

## Young Person's Property

Youth are responsible for their own personal property and for items of value brought to Youth Advisory Committee activities.

## Supervision

Local Youth Advisory Committee meetings, annuals camps and other activities will be supervised by a RCMP detachment staff members, community partners and other mentors as needed.

The Youth Advisory Committee monthly virtual meetings, annual camps and other programming needs are supported by a RCMP provincial Coordinator. If you have questions about the Youth Advisory Committee, including questions about this application form, please contact:

Laili Yazdani, Community Program Officer

306 830-1136

[Laili.Yazdani@rcmp-grc.gc.ca](mailto:Laili.Yazdani@rcmp-grc.gc.ca)

## Travel and Accommodation

It is expected that parents/legal guardians will make appropriate travel arrangements for their young person to attend Youth Advisory Committee meetings and activities, coordinate annual camp drop off and pick up locations and camping equipment with detachment RCMP staff. RCMP staff will provide travel to and from the annual camp. Specific details will be provided by the detachment RCMP staff member accompanying the youth to the summer camp, when available.

## Acceptance of Terms and Conditions

_____	_____	_____
Name of Young Person	Signature of Young Person	Date
_____	_____	_____
Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date

## J) Ground Rules

Throughout Youth Advisory Committee activities, we hope to create an inspirational and motivational environment, allowing youth to ask questions, have discussions and share ideas and experiences with other Youth Advisory Committee members and mentors. We hope that all Youth Advisory Committee members can meaningfully participate in activities. In order to do this, we ask that you work with us to provide a safe and respectful space for all youth involved in Youth Advisory Committee activities.







## Model Release Agreement Films - Photos – Videos

<b>Model's Information</b>		
Name of Model (Young person)	Telephone Number	Regimental No.
Home Address		
<b>Consent and Release</b>		
<p>I agree to model for and on behalf of Her Majesty the Queen in right of Canada in the production of RCMP photographs, motion pictures, videos or other productions ("RCMP materials").</p> <p>I give Her Majesty, her employees, agents, and representatives, the right to use, modify, reproduce and distribute in any media format, any such likeness of mine for any purpose whatsoever, whether alone or in combination with other material.</p> <p>I also give Her Majesty, her employees, agents and representatives, permission to give others these same rights, all without payment or any compensation to me.</p> <p>I release and discharge the RCMP, its employees, agents and representatives from any claims, obligations or liability of any kind related in any way to this consent or the publication or distribution of the RCMP materials.</p> <p>In witness whereof, I have executed this consent and release on (yyyy-mm-dd)</p>		
Name of Model (Young person)	Signature	Date (yyyy-mm-dd)
<b>Parent / Guardian</b>		
<b>Parent / Guardian must sign if model is under 18 years of age</b>		
Name	Signature	Date (yyyy-mm-dd)
<b>Witness</b>		
Name	Signature	Date (yyyy-mm-dd)

## N) Consent and Waiver of Liability

I, \_\_\_\_\_ (name of parent/legal guardian), parent of the below noted participant, have received information on and understand the activities my child will be involved in, hereby give permission and provide consent for my child, \_\_\_\_\_ (name of young person) to participate in the Saskatchewan RCMP's Youth Advisory Committee. I understand that the activities will not be covered by insurance.

I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Attorney General of Canada, the Ministry of Public Safety and Security of Ontario, the Royal Canadian Mounted Police, their members and employees, representatives and agents from any and all actions, claims, liabilities and demands for damages or likewise, loss or injury, which may hereafter be sustained by my child, howsoever arising out of \_\_\_\_\_ (name of young person)'s involvement and participant in the Youth Advisory Committee.

_____ Name of Young Person	_____ Signature of Young Person	_____ Date
_____ Name of Parent/Legal Guardian	_____ Signature of Parent/Legal Guardian	_____ Date
_____ Name of Adult Witness	_____ Signature of Adult Witness	_____ Date

### Reminder

If you are submitting a creative video, poem, song or drawing for extra points on your application, remember to send it as an attachment with this completed application form by August 10<sup>th</sup>, 2020 to:

[RCMP.FCommunityServices-FServicescommunautaires.GRC@rcmp-grc.gc.ca](mailto:RCMP.FCommunityServices-FServicescommunautaires.GRC@rcmp-grc.gc.ca)