If you require accommodation in completing the application form due to language or disability, please contact youthadvisoryboard@calgarypolice.ca



# CALGARY POLICE SERVICE YOUTH ADVISORY BOARD

## **APPLICATION FORM**

### Bring your voice to the Calgary Police Servicewe want to hear your ideas, concerns, and suggestions.

The Calgary Police Service Youth Advisory Board wants you to be involved in policing by helping with decisions, projects and providing insight on topics that matter to you.

### **Purpose:**

The Calgary Police Service (CPS) Youth Mentorship Team (YMT) is looking for youth between the ages of 14 to 18 to join a diverse and inclusive board to promote effective two-way communication between the CPS and youth to increase police awareness of youth; and to increase youth's awareness of police-related issues. The board will advise CPS on the impact of CPS policies, programs and services on youth. The board will provide CPS with an understanding of the issues affecting young people across Calgary as well as look at how current services are working and provide feedback on how they can be improved.

### Youth Advisory Board commitment:

- Commit to a minimum two-year term on he Board (option to extend determined by the YMT);
- Regularly attend board meetings on the second Tuesday of each month from 6 to 8 p.m., either virtually or at CPS Westwinds Campus;
  - Initial meeting: Sept. 10, 2024
  - o Regular meetings: Oct. 8, 2024, Dec. 10, 2024, February 11, 2024, and April 8, 2025
  - Wrap up meeting: June 10, 2025
- Applicants do not have to be affiliated with any community group to sit on the board;
- Applicants can apply if they turn 18 years of age within the serving year;
- A record of volunteer hours will be provided to all board members.

### Youth Advisory Board key responsibilities:

- Act as a liaison between the CPS and the youth communities in Calgary;
- Make recommendations to the CPS on strategies and initiatives to address crime prevention and safety concerns of the youth communities;
- Help ensure information relevant to members of the youth communities is disseminated appropriately to their networks including school, social media and peers; and,
- Review all initiatives related to crime prevention and safety needs of members of the youth communities living in the city of Calgary, and to offer appropriate recommendations regarding implementation to the CPS.



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### **Desired Applicants:**

- Have a passion to share their ideas and be a part of shaping the way CPS interacts with youth;
- Good written and verbal communication skills;
- Ability to work well in a team environment;
- Strong commitment to community service within Calgary, Alberta;
- Ability to think critically by assessing problems and developing solutions; and,
- Effective time management skills; analyzing workload, assigning priorities and maintaining focus.

The Youth Advisory Board will be overseen by the Youth Engagement Officer.

The information provided in the application form will be used to assess and administer your participation on the Youth Advisory Board. All information will be kept confidential.

The application form includes self-identification questions relating to gender, Indigenous identity, identity as a member of a visible minority group, LGBTQ2S+ identities, and/or as a person with a disability. **These questions are <u>not mandatory</u> and all questions have an option of "Prefer not to say.**" These questions reflect the Calgary Police Service's commitment to improving equity, diversity and inclusion as we strive to have board membership supporting a broad spectrum of voices reflective of our community. We also seek to meet the needs and reduce barriers for all youth interested in participating on the board. Choosing to self-identify or not will have no consequences for this application.

Scan/email completed applications to <u>youthadvisoryboard@calgarypolice.ca</u> (To apply via a video application, please answer all application questions in a video format and email a private YouTube link).

If you have any questions, please contact the Calgary Police Service Youth Services Section at youthadvisoryboard@calgarypolice.ca

All applications are due no later than Oct. 31, 2024. Incomplete or late applications will not be considered.

The personal information in this application form is being collected under the authority of section 33(c) of the FOIP Act RSA 2000 and will be used to determine eligibility for the Calgary Police Service Youth Advisory Board. The personal information will also be used to administer and evaluate the program. The self-identification question information is collected as described above. These questions are primarily based on the current standard used by Statistics Canada in census questionnaires, and wording from the Employment Equity Act. All information collected is protected by the provisions of the FOIP Act RSA 2000. Questions about the use or collection of this information should be directed to the Inspector, Youth Services Section, Calgary Police Service, 403-428-8399 or by email to youthadvisoryboard@calgarypolice.ca.

CALGA POLICE SERVICE		outh Advisory Boai Application Form	rd		
Youth Information					
Last Name:*		Name(s):*			
Address:*					
City:*	Province:*	Postal Code:*			
Phone Number:*	Cell Phone Nu	mber:* Email:*	e		
Date of Birth:*	Age:*				
Education status: (	in school, graduated, other, p	prefer not to say)			
Name of current school: Grad		Grade:			
Youth Self-Identific These questions are		ions have an option of "Prefer i	not to say"		
Gender: Select the Male Female	option that you identify with Gender fluid, non-binary and		Other (Spec	ify):	
	LGBTQ2S+ (Lesbian, Gay, Bise refer not to say	exual, Transgender, Queer, Two-Sp	irit, +)?		
• •	Indigenous; that is First Na Prefer not to say If yes, please		Métis	Prefer not to	o say
• •	a person with a disability? refer not to say				
Yes No Pr	a member of a visible mine	ority in Canda?			
<i>If yes, select the optio</i> Arab Black Chinese Filipino Japanese	ns you identify with. Korean Latin American South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)	Southeast Asian (including Vietnamese, Cambodian, Laotian, Thai; etc.) Another visible minority group	/ietnamese, (and/or West Asian, e.g.,		
<b>Board Participatior</b>	n & Commitment				
-	ility to participate in virtual	I meetings?		Yes	No
Do you have the ab located at 5111 47	pility to attend meetings at N Street N.E.	Westwinds Campus		Yes	No
Are you able to cor	nmit to participating on the	Board, if selected, for one y	ear?	Yes	No
If you answered 'No	o' to any of the above, how o	could we support you to enab	le participat	ion?	
Parent/Guardian In	formation				
Parent/Guardian F	ull name:				
Address:					

Phone number:

Email address:

Cell phone number:



#### Written Questions; Why Pick You?

*If you require additional space to address any of the following questions, please attach an additional sheet(s) to this Application.* 

1. Explain why you are the best person for this Board and how you see the skills and experience you bring to contribute in a meaningful way?

2. How would you engage your community in order to share Board initiatives as well as seek community feedback?



## Youth Advisory Board Application Form

(R2021-01)

#### Written Questions; Why Pick You? (continued)

If you require additional space to address any of the following questions, please attach an additional sheet(s) to this Application.

3. Are you involved in any extracurricular or volunteer activities? Please describe.

Applicant Declaration

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement made throughout the entire process may disqualify me from being considered as a participant in this program.

Applicant Signature	App	licant	Signa	ture
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Date

**Parent/Guardian Declaration** 

I am the the parent or legal guardian of the above youth and have reviewed and endorse the information submitted in this application.

Parent/Legal Guardian Name (Please print)

Parent/Guardian Signature

Date