**Expression of Interest for Youth Representative seat on the Shuswap Watershed Council**

Join our mission to protect and enhance water quality in the Shuswap watershed!

Are you interested in joining the Shuswap Watershed Council as a youth representative? Please complete this form (the answer boxes will expand as you fill in your answers, please try to your application to four pages) and submit it by **February 21st 2025**.

**Section 1. Personal information**

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| Name: |  |
| Home address: |  |
| E-mail address: |  |
| Phone number: |  |
| Birth year: |  |
| Occupation: |  |

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| Are you a full-time or seasonal resident of the Shuswap? If seasonal, how many weeks or months per year? |  |

**Section 2. Experience, interest and qualifications**

Why are you interested in joining the Shuswap Watershed Council as a youth representative? (Please provide a brief explanation of why you want to be involved, including any personal motivations or passions that drive you.)

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What do you hope to contribute to the Shuswap Watershed Council? How would you like to make a difference?

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What education and/or experience do you have in relation to the purpose of the Shuswap Watershed Council? (Please outline any education or training you have completed, any skills, experience or qualifications – this can include involvement in community or school activities, scholastic achievements, or other relevant experiences.)

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Do you have any previous experience serving on a committee or collaborative roundtable? Please describe.

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Availability: Are you available to attend quarterly meetings of the Shuswap Watershed Council, in person or virtually? Meetings typically take place on a weekday morning in March, June, September, and December. See the SWC meeting schedule [here](https://www.fraserbasin.bc.ca/regional-work/thompson-region/shuswap-watershed-council/swc-meetings/).

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References: Please provide two references who can speak to your character and suitability for the role. This could be a teacher, mentor, community leader, or another individual who knows you well.

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| Reference 1 Name: |  |
| Relationship to you: |  |
| Phone number or email address: |  |
| Reference 2 Name: |  |
| Relationship to you: |  |
| Phone number or email address: |  |

Declaration:

I have read the Youth Representative position description that is posted on the Shuswap Watershed Council website, and other specified materials. I understand the opportunities and expectations for the Youth Representative, and I declare that the information provided on this Expression of Interest form is true and accurate. I understand that submitting this form does not guarantee a spot on the Shuswap Watershed Council.

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| Signature: |  |
| Date: |  |