

Youth Speak Out (YSO) APPLICATION

Date:

First Name: Last Name:

Address: Postal Code:

Phone Number: Date Of Birth (M/D/YR):

Guardian Name (if under the age of 18): Phone Number:

 Are you? Currently in Care: Aged out of care: PSI: Adopted:

1. Why do you want to participate in YSO?
2. Have you ever shared your story publicly? yes no

If yes in what way? (ex. Spoke with friends, part of a drama group, advocated on your/others behalf, etc.).

1. Are you comfortable public speaking? And what is your experience with it? Please note prior public speaking or advocacy experience is not a prerequisite for participating in YSO — those skills will be taught at training.
2. What means of selfcare do you use? Ex. Exercise, music, being in nature, rest, withdraw etc.
3. What do you think the public needs to hear about youth in care?
4. Are you willing and able to commit to monthly group meetings and public engagements such as speaking with the Children's Advocate, Ministry of Social Services officials, teachers or general public etc.? yes no

How did you hear about YSO?

Signature of Applicant Signature of Guardian (if applicant is under 18)