



**BRANT COMMUNITY FOUNDATION – YOUTH ADVISORY COMMITTEE**  
20 Corporate Place, Unit B, Brantford, ON N3R 8A6  
Phone: 519-756-2499

**Youth Advisory Committee (YAC) Application Form**  
Please return to: ampeirce@brantcf.ca

Youth Advisory Committee meetings are currently held via zoom once a month after school.

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

Reason(s) for Interest in joining YAC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact information (please type or print):

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

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

Home address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Please have a **Parent or Guardian sign** and state the relationship to the student, if **under 18 years of age**



Appendix A

**CONFIDENTIALITY AND DECLARATION OF CONFLICT OF INTEREST AGREEMENT**

As a *Board /Committee Member/Volunteer* of the Brant Community Foundation (the "Foundation") or as another type of volunteer with the Foundation ("volunteer"), I am aware that the data and materials, to which I have access, are to be treated in a professional and confidential manner in accordance with the Foundation’s Conflict of Interest and Confidentiality policy, both during and after my tenure as a volunteer with the Foundation.

Confidential information may include, but is not limited to:  
*lists of records of donations*  
*financial and fundraising information*  
*reports and plans*  
*policies and procedures*  
*information received in grant applications*  
*items posted on the Brant Community Foundation web intranet*

This information will be used only in the conduct of official Foundation business and may not be disclosed to any third party without prior approval of the Executive Director of the Foundation.

As a *Board /Committee Member /Volunteer* I am aware that it is my responsibility to declare any real, perceived or potential conflict of interest where my personal or financial interest would take precedence over or compete with my duties and responsibilities as a Director or Volunteer.

Name (Print)	
Full Address	
Phone #	
Email	
Signature	
Date	

Note: Please have a **Parent or Guardian sign and state the relationship to the student, if under 18 years of age**



## CONSENT FORM

I, \_\_\_\_\_ hereby agree to permit Brant Community Foundation Inc., and any persons authorized by it, to use submitted photos or to take and produce photographs, films, sound recordings and any other audio and/or visual reproductions of myself or a member of my family.

I agree that I will be added to the Foundation's grant portal (Grant Lifecycle Manager) for the purposes of reviewing applications and selecting grant recipients as part of the Youth Advisory Committee grant stream for the OEFCYR Fund. I have signed the Confidentiality and Conflict of Interest Form and will keep this information private.

I hereby release Brant Community Foundation Inc., from all actions, causes of actions, claims and demands, arising out of the use of the said photographs, films, sound recordings and other audio/visual reproductions of myself, or a member of my family.

I further agree that Brant Community Foundation Inc., may use, publish, copyright, and otherwise deal with any of the reproductions for (i) educational purposes, (ii) advertising purposes, and (iii) any other use which Brant Community Foundation Inc., in its discretion sees fit.

**I give the following instructions: (if applicable):**

- My given and surname may be used.
- My given name only may be used.
- I prefer to remain anonymous.

**Additional information:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**(Parent or Guardian if under 18 years of age)**

**Date:** \_\_\_\_\_

**Relation to Subject:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_