

LEVEL is a youth engagement initiative of Vancouver Foundation that aims to address racial inequity by investing in the leadership capacity of Indigenous and racialized immigrant and refugee youth and creating more opportunities throughout the non-profit and charitable sector. This initiative contains three pillars of action: Youth Policy Program, Youth Organizing and Youth Granting.

The Youth Policy Program seeks to address racial inequity by empowering these young leaders to amplify their voices in matters important to them and to bring new ideas and fresh perspectives to shape policy and systems.

Please submit your completed application to level@vancouverfoundation.ca with "Youth Policy Program Application: YOUR NAME" as the subject line.

FOR MORE INFORMATION VISIT: <https://www.levelvf.ca>

A. PARTICIPANT INFORMATION			
FIRST NAME	LAST NAME	PREFERRED PRONOUN	DATE OF BIRTH (DD/MM/YY)
MAILING ADDRESS			
EMAIL ADDRESS		PHONE NUMBER	
HOW DID YOU HEAR ABOUT THE LEVEL YOUTH POLICY PROGRAM?			
GOOGLE	SCHOOL	EMPLOYER	EMAILS FROM LEVEL OR VANCOUVER FOUNDATION
SOCIAL MEDIA (IF YES, PLEASE SPECIFY)		A FRIEND OR COLLEAGUE	PRESENTATION BY VANCOUVER FOUNDATION
		PREVIOUS YPP PARTICIPANT	OTHER (IF YES, PLEASE SPECIFY)
<p><i>Vancouver Foundation is actively committed to ensuring that we include youth from communities that face systemic barriers. Please answer the following questions to help us determine if we are adequately reaching our target communities. Your response is voluntary and you're welcome to identify with more than one designated group. Tracking this information ensures that we remain accessible to diverse youth communities. This information will remain confidential and will not be shared.</i></p>			
DO YOU IDENTIFY AS INDIGENOUS? (STATUS, NON-STATUS, TREATY, NON-TREATY, INUIT OR MÉTIS)		YES NO	IF YES, PLEASE SPECIFY YOUR NATION, COMMUNITY OR BAND:
DO YOU IDENTIFY AS A REFUGEE, NEWCOMER OR IMMIGRANT?	YES NO	IF YES, IN WHAT YEAR DID YOU COME TO CANADA?	IF YES, PLEASE SPECIFY YOUR COUNTRY OF ORIGIN OR CULTURAL GROUP:
PLEASE SPECIFY YOUR CURRENT SCHOOL AND/OR EMPLOYMENT STATUS?		WHAT IS THE HIGHEST LEVEL OF FORMAL EDUCATION YOU'VE COMPLETED?	
FULL-TIME STUDENT	WORKING FULL-TIME	SOME HIGH SCHOOL	POST-SECONDARY GRADUATE
PART-TIME STUDENT	OTHER (PLEASE SPECIFY)	HIGH SCHOOL GRADUATE	OTHER (PLEASE SPECIFY BELOW)
		SOME POST-SECONDARY	
<p>The Youth Public Policy Program involves 12 to 14 full training days over the course of 6 to 7 months. Training sessions will be approximately 2 full-days every month (excluding travel time) Please see the website or information sheet for details about the specific dates and times for classes in 2020. As such, young parents who require child care expenses can request assistance with child care costs. If you would like to request assistance with child care fees, please indicate how many children you have that would need child care in order for you to attend this program.</p>			
YES, I REQUIRE ASSISTANCE WITH CHILD CARE FEES		I HAVE	CHILDREN THAT WOULD REQUIRE CHILD CARE SUPPORT
<p>What languages can you communicate in most confidently?</p> <p>The language of instruction for the program will be English and there will be some assigned readings in English. While English fluency is not necessary, basic English proficiency is a minimum requirement for this program. It is expected that participants have a good understanding of spoken English and at least some basic ability to speak and read English. To help the organizers plan for the program and language support please indicate your ability to speak, read and write in English (1 is basic, 2 intermediate, 3 advanced) by selecting the appropriate levels below.</p>			
BASIC		INTERMEDIATE	ADVANCED
ENGLISH – SPOKEN			
ENGLISH – WRITTEN			

B. APPLICANT EXPERIENCE

PLEASE DESCRIBE ANY RECENT WORK AND/OR VOLUNTEER EXPERIENCE:

PLEASE INDICATE YOUR FAMILIARITY WITH PUBLIC POLICY (SCALE OF 1 TO 5 WITH 1 BEING VERY LITTLE OR NONE AND 5 BEING A LOT)

1 2 3 4 5

PLEASE DESCRIBE ANY PAST EXPERIENCE WITH PUBLIC POLICY, ADVOCACY WORK OR POLITICAL CAMPAIGNS

HAVE YOU PREVIOUSLY PARTICIPATED IN ANY YOUTH LEADERSHIP PROGRAMS? YES NO

IF YES, PLEASE LIST AND BRIEFLY DESCRIBE ANY PAST LEADERSHIP PROGRAMS THAT YOU HAVE BEEN PART OF

DESCRIBE ANY ACTIVITIES, HOBBIES OR INTERESTS THAT ARE MOST IMPORTANT TO YOU AND HOW THEY HAVE CONTRIBUTED TO YOUR PERSONAL DEVELOPMENT.

C. PROGRAM MOTIVATION

WHAT ARE YOU HOPING TO GAIN BY PARTICIPATING IN THE YOUTH PUBLIC POLICY PROGRAM
(YOU MAY ANSWER IN POINT FORM OR PARAGRAPH, MAXIMUM 100 WORDS)

HOW WOULD YOU APPLY THE KNOWLEDGE AND EXPERIENCE FROM THIS PROGRAM TO YOUR COMMUNITY/IES?
(YOU MAY ANSWER IN POINT FORM OR PARAGRAPH, MAXIMUM 100 WORDS)

OPTIONAL VIDEO

For us to get to know you better, applicants are welcome to share an **optional** video in place of submitting the experience and motivation questions. Please note that the video should not exceed 2 minutes (or 120 seconds). This is not a mandatory requirement, rather an opportunity for applicants who are more comfortable speaking versus writing to introduce themselves to the selection committee.

The video can be shot on a smartphone, camera, video-camera or laptop camera and should be sent to us in the form of viewable link on YouTube. Instructions on uploading a video to YouTube can be found at <http://tiny.cc/youtubehelp>. Please include the viewable link to the video if you wish to submit one.

PLEASE LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE. ALSO, PLEASE SHARE WITH US INFORMATION ABOUT YOURSELF THAT YOU FEEL IS IMPORTANT OR THAT WE SHOULD TAKE INTO CONSIDERATION.