

# Islands Youth Parliament

Application Package & Background Information

30th Parliamentary Session

April 26th-28th, 2024 at Maria Montessori Academy



---

## WHAT IS IYP?

The Islands Youth Parliament (IYP) is a project of the BC Youth Parliament (BCYP), a youth organization that recognizes every young person's potential to lead and serve within their community. The Islands Youth Parliament is a simulation of the Westminster Parliamentary process, providing an opportunity for youth ages 14–18 to develop skills in leadership, organization, public speaking, and knowledge of societal affairs. BCYP is not affiliated with any political party and is a non-profit organization. Membership in IYP begins with attending the Parliamentary Session, and the sessional year continues throughout 2024. For detailed information about IYP's and BCYP's activities, visit our website at: [www.bcyp.org/ryps](http://www.bcyp.org/ryps).

## WHO CAN ATTEND?

Each year, youth will be “elected” to IYP as representatives of their communities. Each applicant must be nominated by an organization committed to youth, such as a school, community group, club, municipality, or place of worship. Five members of that group must indicate their support for the applicant by signing the application form.

To be eligible for membership, you must be:

1. Age 14–18 (inclusive) as of Dec. 31, 2024;
2. A resident of the Islands region including: Vancouver Island, North Island, Pender Island, Gulf Islands, and Sunshine Coast.
3. Nominated by an organization committed to youth.

## **IYP'S ACTIVITIES**

IYP's year begins with the Parliamentary Session from April 26th to 28th. Members meet at the assigned location and use the Westminster Parliamentary style of debate to discuss issues of local, national, and international importance.

At Session, Members:

- Meet young people from across the region;
- Debate collaboratively about a variety of current issues;
- Learn about debating and the rules of parliamentary procedure;
- Elect the Premier and Leader of the Opposition for IYP's 31st Parliament.

After session, members will have the opportunity to participate in fundraising, social, and service events sponsored by the British Columbia Youth Parliament, as well as organize their own in the spirit of community service.

## **SESSIONAL ARRANGEMENTS**

Session runs from approximately 4:30 PM on Friday, April 26th (with a check in time at 4:00pm) to 2:30 PM on Sunday, April 28th. Members are required to attend all of session, and must contact the Chief Returning Officer before applying if this presents a problem. The registration fee includes a new member welcome package delivered to all new Islands members, alongside organizational costs to run the event, such as meal and travel expenses.

## **PRE-SESSIONAL INFORMATION**

The Chief Returning Officer will notify all applicants by email or mail as to their acceptance status soon after the application deadline. Accepted members are provided with an orientation package prior to session.

## APPLICATION PROCEDURE

Complete the attached application form and mail it along with your personal statement and registration fee (or letter of request for financial support) to:

**Megan Ryan-Lloyd**  
Chief Returning Officer  
2710 Musgrave Street  
Victoria BC,  
V8R 5Y6  
Email: IYP@bcyp.org

**Applications must be RECEIVED by April 19th, 2024** by mail or email attachment. If you send the application by email attachment, please mail the original signed copy to the address above.

## REGISTRATION FEE

The registration fee for each member is **\$50**. Payment may be received in the form of a **cheque, money order, or e-transfer**. A cheque or money order should be made payable to the **Youth Parliament of B.C. Alumni Society** and sent with the application form or follow a fax or email with the original signed application as soon as possible. An e-transfer should be sent to [finance@bcyp.org](mailto:finance@bcyp.org) along with the applicant's name in the description. **Any acceptance is not final until a registration fee is received.**

We are **NOT** able to receive credit card payments. Registration fees will be held onto (but not cashed) for those on the waitlist, and returned to those not accepted. **NSF cheques are subject to a \$10 fee.**

**For applicants who are in financial need, a limited amount of financial support is available from IYP. For more information, please contact the Chief Returning Officer before the April 19th application deadline, and attach a letter of request along with your application form.** In order to provide support for as many members as possible, we encourage applicants to submit a cheque for whatever portion of the application fee they can afford. Requests for financial assistance cannot be considered after applicants have been accepted as members.

## CANCELLATION

Accepted members who cancel on or before April 20th will receive a refund of their registration fee minus a \$10 cancellation fee. **No refunds will be issued to any member canceling after April 20th, 2024.**

**APPLICATION FORM – 30<sup>th</sup> Islands YOUTH PARLIAMENT**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PHONETIC PRONUNCIATION OF NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRIMARY EDUCATIONAL INSTITUTION: \_\_\_\_\_

**CURRENT ADDRESS**

STREET / PO BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

PRIMARY EMAIL ADDRESS: \_\_\_\_\_

**COMMUNITY NOMINATION**

THE FOLLOWING MEMBERS/STUDENTS OF  
(NAME OF ORGANIZATION/SCHOOL) \_\_\_\_\_

NOMINATE \_\_\_\_\_, A MEMBER/STUDENT OF OUR  
ORGANIZATION/SCHOOL TO SIT AS AN IYP MEMBER.

FIVE NOMINATING SIGNATURES REQUIRED (other members or students of the organization/school):

	<b>FULL NAME</b>	<b>RELATION</b>	<b>EMAIL ADDRESS</b>
I			
II			
III			
IV			

V			
---	--	--	--

### PERSONAL STATEMENT

At the Parliamentary Session, members of IYP participate in collaborative debate, and engage in a number of skill-building workshops. After session, members will have the opportunity to participate in post-session events, fulfilling BCYP's mission of community service.

**If you are a new member to IYP**, please attach a **one-page** personal statement outlining why you would like to become a member, the other activities with which you currently are (or plan to become) involved with in your community, and how you believe you can personally contribute to IYP.

### YOUTH PARLIAMENT EXPERIENCE

How did you first hear about IYP? (Please choose one option)

- Facebook/Instagram
- From a teacher (Who? \_\_\_\_\_)
- From a group leader (Who? \_\_\_\_\_)
- Through a Regional Youth Parliament (Which one? \_\_\_\_\_)
- From a member or alumnus of BCYP or a RYP (Who? \_\_\_\_\_)
- Saw a poster/brochure (Where? \_\_\_\_\_)
- Other (please specify: \_\_\_\_\_)

### EMERGENCY MEDICAL INFORMATION AND CONTACT

B.C. Medical Number (i.e. CareCard Number): \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Phone number(s): (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

Name of alternative contact: \_\_\_\_\_

Phone number(s): (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

Food allergies and/or dietary restrictions: \_\_\_\_\_

Accessibility Needs:

\_\_\_\_\_

\_\_\_\_\_

Any other Information You'd like the Organization team to be aware of:

---

---

Please Note: Unless arrangements are made in advance, participants will be expected to administer any and all of their own medication that's been prescribed to them. Please notify the Chief Returning Officer of any chronic medical problems (i.e. severe asthma, allergies) that might require emergency treatment, and explain the emergency treatment that might be necessary.

**APPLICATIONS MUST BE RECEIVED BY [DATE]**

**WAIVER**

In consideration for acceptance to Islands Youth Parliament (IYP), the undersigned on behalf of the Applicant and all heirs, executors, and administrators, waives any and all claims for damages against IYP, the British Columbia Youth Parliament (BCYP), and the Youth Parliament of British Columbia Alumni Society and their directors, officers, and agents for any and all injuries of loss which the Applicant may suffer during, or in connection with any IYP Session, trip, or any other activity.

Parental Consent: "I have read the accompanying material and do hereby allow my child/ward to attend Islands Youth Parliament." **(Mandatory)**

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PUBLICITY AND PROMOTIONAL CONSENT**

From time to time, the Islands Youth Parliament or British Columbia Youth Parliament may use individual or group photos of members for promotional purposes in newspapers, on bulletin boards at Youth Parliament events, on web pages, in press releases, in media packages, in newsletters and in slide or video shows.

Parental Consent: "I hereby do consent to my child's /ward's name and photo being used for publicity and promotional purposes. I understand that if I do not consent to the use of my child's/ward's likeness in public relations materials, my child/ward may be excluded from certain activities or events at Session, including the official group photo." (Optional)

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ Date

### **PERSONAL INFORMATION CONSENT**

For the purpose of enabling members to fully participate in the organization's activities after session, Islands Youth Parliament distributes members' contact information throughout the organization in order to keep them informed of IYP's and BCYP's events and activities.

Parental Consent: "In accordance with the Personal Information Protection Act, I hereby do consent to my son's/daughter's/ward's contact information being published in the Islands Youth Parliament Journal." (Optional)

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ Date