

Delegation Request

This request and any written submissions or background information for consideration by either Council or Committees of Council is being submitted to Legislative Services.

Council or Committee (Choose One) *

Council

Council or Committee Meeting Date * ?

2025-4-22



Subject *

CYFS Youth Volunteer Program - Trailblazers

Full Name of Spokesperson and Name of Group or Person(s) being Represented (if applicable) *

Azeema Husain

Brief Summary of Issue or Purpose of Delegation *

Youth Volunteer program designed for high-school students.

Have you been in contact with a Town staff or Council member regarding your matter of interest? *

☐ Yes

☒ No

I acknowledge that the Procedure By-law permits five (5) minutes for Delegations. *

☒ Agree

I acknowledge that I understand and accept the delegate conduct expectations as outlined in Section 32(b) of the Procedure By-law 6228-19, as amended (link below) *

☒ Agree

[Click to view Procedure By-law 6228-19, as amended.](#)