



## Youth Leadership Council Application

Please complete and submit the below application to [jwelch@georgia.wish.org](mailto:jwelch@georgia.wish.org) by Friday, March 23, 2020

**Requirements:** Must be a hard-working, dedicated high school student. Must be a member of a school club, organization or extracurricular activity. Must have a committed adult mentor (parent, teacher, counselor). Must be able to attend monthly meetings from September 2020 through April 2021.

### PERSONAL INFORMATION

Applicant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student Cell phone: \_\_\_\_\_ Parent Cell phone: \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

### SCHOOL INFORMATION FOR AUGUST '20 - JUNE '21 SCHOOL YEAR

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Telephone: \_\_\_\_\_ Grade level: \_\_\_\_\_

### APPLICATION QUESTIONS. Feel free to attach additional sheets as needed.

How did you hear about the Youth Leadership Council (YLC)?

Please share why you are interested in the YLC and what experience and/or skills you will bring to the group.



Do you have any volunteer or fundraising experience? If so, please describe.

Do you have prior involvement with Make-A-Wish Georgia? If so, please describe.

Are you able to attend monthly meetings between Sep. 2020- May 2021? Yes No

**PARENTAL / LEGAL GUARDIAN PERMISSION:**

I have reviewed the above application and the YLC Info Sheet and understand the requirements of the YLC members.

----- Parent/Guardian, Printed Name	----- Signature	----- Date
----- Mentor, Printed Name	----- Signature	----- Date
----- Student, Printed Name	----- Signature	----- Date