

YOUTH LEADERSHIP COUNCIL APPLICATION

Please note: As a member of the Youth Leadership Council you will be required to attend monthly meetings, September – June. The YLC typically meets from 5:30 - 7 p.m.

Please complete the application and return to the address below via e-mail or mail.

Make-A-Wish® Central & Western North Carolina,
Attn: Dana Nobles
217 E. Tremont Ave.
Charlotte, NC 28203
dnobles@nc.wish.org

PERSONAL INFORMATION

Applicant's Full Name: _____

Home Address: _____

Student Cell phone: _____ Parent Cell phone: _____

Student Email Address: _____ Parent Email Address: _____

SCHOOL INFORMATION FOR CURRENT/UPCOMING 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 Colorado? If so, please describe.

Are you currently involved with other extracurricular activities? If so, please describe.

Do you have a parent/mentor willing to be involved? Please provide their name, contact information and your relationship below.

Are you able to attend monthly meetings between September – June? Yes or No
Please note: Attendance at monthly meetings is expected of each YLC member.

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