

# Youth Leadership Council

## APPLICATION FOR January-August 2017 TERM

Please complete the application and return to:

Make-A-Wish Colorado,  
7951 E Maplewood Ave., Suite 126,  
Greenwood Village, CO 80111

Applications can also be submitted to:

Sarah Grosh  
Kids for Wish Kids Manager  
sgrosh@colorado.wish.org

Completed applications are due by October 31, 2016. Thank you so much for your interest!

### PERSONAL INFORMATION

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

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

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

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

Days/Times that are best for you to participate in meetings: \_\_\_\_\_

### SCHOOL INFORMATION FOR AUGUST '16 - JUNE '17 SCHOOL YEAR

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

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

School Telephone: \_\_\_\_\_ Grade level: \_\_\_\_\_ 2015-2016 GPA: \_\_\_\_\_

### PLEASE ANSWER THE QUESTIONS BELOW. FEEL FREE TO ATTACH ADDITIONAL SHEETS AS NEEDED.

How did you hear about Make-A-Wish?

Please share why you are interested in the YLC Program?



Do you have volunteer or fundraising experience? Do you have prior involvement with Make-A-Wish? If so, please describe.

Are you currently involved with other extra curricular 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.

[Parents, please note the following]

Are you able to attend monthly meetings between January– August 2017? (circle answer below)

Yes          No

**PARENTAL / LEGAL GUARDIAN Permission:**

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

_____	_____	_____
Parent/Guardian, Printed Name	Signature	Date

_____	_____	_____
Mentor, Printed Name	Signature	Date

_____	_____	_____
Student, Printed Name	Signature	Date

