

## Youth Leadership Council

### APPLICATION FOR August 2017-May 2018 TERM

Please complete the application and return to:  
Make-A-Wish Missouri  
13523 Barrett Parkway Drive  
Suite 241  
Ballwin, MO 63021

Applications can also be submitted to:  
Kathryn Turek  
Kids For Wish Kids Program Intern  
kturek@mo.wish.org

Completed applications are due by September 1<sup>st</sup>, 2017. Thank you so much for your interest!

#### PERSONAL INFORMATION

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

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

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

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

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

\_\_\_\_\_

#### SCHOOL INFORMATION FOR AUGUST 2017 - JUNE 2018 SCHOOL YEAR

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

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

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

Are you able to attend monthly meetings between September 2017-May 2018? (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