

YOUTH LEADERSHIP COUNCIL

Make-A-Wish® Hawaji now offers a Youth Leadership Council, a leadership and development opportunity available to youth on Oahu. Members selected for the Youth Leadership Council will learn about philanthropy by volunteering with Make-A-Wish Hawaii, the local chapter of the international wish granting organization.

Our goal with the Youth Leadership Council is to encourage youth to give back to children with critical illnesses right in their community while making new friends and having fun.

Who can apply?

Applicants must meet these criteria:

- A member of a student organization at their school.
- In grades 9 through 12.
- Passionate about helping kids with critical illnesses.
- Able to attend monthly meetings in Honolulu or on Zoom

What are the requirements? Members are required to:

- Commit to a one-year term on the council, September to June.
- Commit to planned activities within that year term.
- Commit to planning one individual fundraiser.
- Commit to planning a group fundraiser.
- Attend an orientation in October
- Attend monthly meetings during the term.
- Have a committed adult advisor (teacher, or student council advisor) willing to help during the term and attend at least one meeting a year.

Why join?

As a member, you will have the opportunity to:

- Make a difference in the lives of children with critical illnesses who have been approved for a wish through Make-A-Wish Hawaii
- Have fun learning new skills including customer service. public speaking, personal finances, and marketing.
- Develop strong relationships with Make-A-Wish Hawaii staff, business professionals and other youth who are passionate about volunteering and philanthropy.
- Receive a certificate of completion.



Meeting Schedule:

How to apply:

APPLICATION DEADLINE: August 15

Make-A-Wish® Hawaii



YOUTH LEADERSHIP COUNCIL 2022-2023 APPLICATION

Name:		
School:		
Clubs/Organizations involved in:		
Grade (22-23 school year):	Age:	_ Birthday:
Address:		
City:	_ State:	_Zip Code:
Phone Number:		
Email Address:		
Relationship to Make-A-Wish:		
Name of Teacher/Advisor willing to be involved:		
Teacher/Advisor Phone #:	Email:	
Have you helped plan a Wish Week at your school before?		





Please answer the questions below. Feel free to attach additional sheets as needed.

How did you hear about Make-A-Wish?		
Why do you want to be a part of the council?		
How will you help the council grant more wishes by r	aising funds and awareness at your so	chool?
Do you have volunteer or fundraising experience?		
Student Signature:	Date	
Parent/Guardian Signature:	Date	

