**Youth Leadership Council Application**

Potential Youth Leadership Council (YLC) Member,

Our team at Make-A-Wish Georgia and the current YLC Leadership team are so excited about your interest in joining YLC! This is an amazing opportunity to widen your horizons, learn more about service and philanthropy, and have hands-on experience to grant a WISH!

Please complete and submit the below application to Sarah Borel (Community Events Coordinator) sborel@georgia.wish.org by June 1st, 2024. Please do not hesitate to reach out with any questions!

Requirements:

* Must be a rising Sophomore (10th grade) – rising Senior (12th grade) in the Atlanta, Georgia area.
* Must be able to attend monthly meetings from September 2024 through April 2025 at the Make-A-Wish Georgia office (1775 The Exchange SE Suite 200 Atlanta, GA 30339)

*\**Upon acceptance, there will be a 15-minute virtual interview with someone from the Make-A-Wish Georgia or YLC leadership team. Following the interview and acceptance, a $30 registration fee will be required to hold your spot in YLC. This fee includes a Youth Leadership Council t-shirt. Payment information will be given following acceptance.

**PERSONAL INFORMATION**

Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**SCHOOL INFORMATION FOR AUGUST ’24 - May ’25 SCHOOL YEAR**

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

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

Current Grade level: \_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size: \_\_\_\_\_\_\_\_\_\_

**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. This could also be experience or involvement with other organizations/clubs at school.

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

Are you able to attend monthly meetings between Sep. 2024– April 2025? 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.

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Student, Printed Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian, Printed Name Signature Date