



**Branch County Community Foundation
Youth Advisory Council**

Membership Application

Date of Application ___/___/___

First name _____ Last Name: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

(Please provide an e-mail address that is most checked by you, as it may be used to contact you about your membership and for meeting notices, and other important information)

Date of birth: _____ High school: _____

Graduation date: _____

Why are you interested in joining YAC? _____

In your own words, explain why you would be a good YAC member? _____

How do you think you can benefit from YAC membership? _____

Please list and describe your interests. _____

What does "community service" mean to you? _____

In your opinion, what is the most critical issue facing youth today and why? _____

YAC meets monthly during the school year. One of the responsibilities of being on the YAC is attending the meetings. Will you be able to attend monthly meeting? Yes____ No____

How many **hours a month** would you be able to commit to YAC? (Outside of regular YAC meetings):

What other activities are you involved with in & out of school for the upcoming school year?

Activity/Club/Sport/Etc.	Date/Commitment
_____	_____
_____	_____
_____	_____
_____	_____

Will these activities impact your meeting attendance? _____

How did you learn about YAC?

List two adult references (other than your parents or family members). Please include their names, addresses, home phone numbers, and e-mail addresses.

For the applicant:

I understand that if I am selected as a member of the Branch County Community Foundation's Youth Advisory Council, I will be committed to attend monthly meetings on the third Sunday of every month (date and time subject to change), and at least 50% of meetings, special events, and other YAC activities throughout the year. I will be an active participant and a positive representative of the Council.

Signature of Applicant

Date

For the parent/guardian:

I give permission for _____ to apply to be on the Branch County Community Foundation's Youth Advisory Council (YAC). If selected, I will permit and support him/her in attending meetings and activities related to the YAC.

Signature of Applicant

Date

Please sign and return this application to the Foundation's office. If you have any questions, please do not hesitate to contact us.

Branch County Community Foundation
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