FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA YOUTH LEADERSHIP COUNCIL APPLICATION

PERSONAL INFORMATION

FULL NAME _____

SCHOOL/GRADE _____

DATE OF BIRTH _____

CONTACT INFORMATION

ADDRESS _____ **PHONE** _____

CITY _____ **EMAIL** _____

STATE _____

ZIP CODE _____

EDUCATION & GOALS

WHAT CLUBS HAVE YOU PARTICIPATED IN?

_____

_____

_____

WHAT GOALS HAVE YOU SET FOR YOURSELF THIS YEAR?

_____

_____

_____

WHAT IS AN ACTIVITY THAT YOU THINK YOUR PEERS WOULD ENJOY AT THE Y OR IN THE COMMUNITY?

_____

_____

_____

_____

Please submit application and letter of recommendation to Ms. Nikki Wilkerson at the YMCA or via email at nwilkerson@chbgy.org.