



BAY AREA COMMUNITY FOUNDATION YOUTH ADVISORY COMMITTEE APPLICATION

***Please complete this application in blue or black ink**

Name	_____	Date	_____
Address	_____		
City	_____	Zip	_____
Email	_____	Phone	_____
School	_____	Grade	_____
Date of Birth	_____	Age	_____

Please list any activities/clubs in which you participate (school clubs, church groups, sports teams, etc.). Indicate if you are an officer in the group or have another leadership role (Team Captain, etc.)

Why do you want to join the Youth Advisory Committee?

If selected, what will you contribute to the Youth Advisory Committee?

How much time are you willing to commit to the Youth Advisory Committee and its volunteer activities?

I can commit approximately _____ hours per month.

Please write a few paragraphs to tell us about yourself (your background, family, interests, career ambitions).

Please list at least 2 references below. Additional references may be listed on the back of this application. Also, please attach two letters of recommendation to this application. (References may be parents, teachers, counselors, neighbors, clergy, etc.)

Name _____

Relationship and/or Company _____

Address _____

City _____ Zip _____ Phone _____

Name _____

Relationship and/or Company _____

Address _____

City _____ Zip _____ Phone _____

Send completed application and letters of recommendation to:

Bay Area Community Foundation
Pere Marquette Depot
1000 Adams Street * Suite 200
Bay City, MI 48708

Phone: 989.893.4438 Fax: 989.893.4448

Email: reneec@bayfoundation.org

Website: www.bayfoundation.org



Bay Area

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For good. For ever.SM