

Youth Leadership Council Application

First Name: _____ Gender: F/M (circle one)
Last Name: _____ Age: _____ Grade: _____
School: _____
Applicant's Phone Number: _____
Applicant's Email: _____
Home Address: _____

Mother's/Guardian's name: _____
Phone Number: _____ Email: _____
Father's/Guardian's name: _____
Phone Number: _____ Email: _____

Two reasons why you want to join SYLC: _____

Three things that make you special (**be creative** e.g. I can hold my breath for 5 min.):

1. _____
 2. _____
 3. _____
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Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

