



Teen Leadership Board Application

CONTACT INFORMATION

* Required

First Name * _____

Last Name * _____

Date of Birth * _____

Home Street Address *

City, State, Zip * _____

Name of School * _____

Grade Entering Fall 2018 * _____

Home Phone * _____

Cell Phone _____

Facebook Name _____

Email Address * _____

Name of Parent or Legal Guardian* _____

We'd like to obtain 1-2 references from a member of your school administration or faculty. Please attach a letter or provide names and contact information.

Please answer the following questions as completely as possible:

How did you hear about the Women & Children's Free Restaurant Community Kitchen (WCFR) Teen Board? _____

Why do you believe you should be selected as a member of the WCFR Teen Board?

What experience have you had that would help you make a contribution to the WCFR Teen Board?

Please list activities that you are involved in (Include sports, music, theater, jobs, community service, clubs, other commitments, etc.) Also explain how you plan to fit the monthly Teen Board meetings and multiple fund raising events into your schedule?

What do you hope to gain from participation on the Teen Board?

Do you have any experience or interest in a small fundraising project?

STATEMENT OF COMMITMENT

If selected, I agree to attend scheduled meetings and be an active participant in all activities and events. I am aware that this is a full school year commitment. I understand that lack of active participation greatly diminishes the Teen Board program. I will make my best effort to obtain materials from the appropriate person, and continue my support when I have missed a meeting.

Signature _____ Date: _____