



Teen Board Application

Thank you for your interest in Women & Children's Free Restaurant & Community Kitchen (WCFR) Teen Leadership Board. Please submit two letters of reference with your completed application. Areas marked with an asterisk (*) are required.

First Name * _____

Last Name * _____

Date of Birth * _____

Home Street Address * _____

City, State, Zip * _____

Name of School * _____

Grade Entering Fall of Current Year * _____

Phone * _____

Email Address * _____

Parent/Guardian Name* _____

Parent/Guardian Phone* _____

Parent/Guardian Email* _____

Parent Address (if different) _____

Please submit proof of COVID-19 vaccination completion is required. You are considered fully vaccinated for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson & Johnson/Janssen).

Please answer the following questions as completely as possible.

How did you hear about WCFR's Teen Board?

The mission of WCFR is to fill nutritional gaps for women and children in our community. What does this mission mean to you?

Describe leadership skills and experience that will support your success as a WCFR Teen Board member.

Please list extracurricular activities that you are involved in and any prior volunteer experience.

What is your experience with fundraising?

PHOTO RELEASE OF LIABILITY

_____ I hereby give permission for the use of photographs of myself or the minor child named above for publication or use in print and/or electronic promotional materials for Women & Children's Free Restaurant & Community Kitchen and its programs.

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 _____

I support my child being a part of the Teen Board program and will ensure their participation and involvement in activities such as meeting attendance, restaurant volunteer and support activities, fundraising, and to provide my child with transportation as needed.

Parent Signature _____ Date _____