



WASHINGTON COUNTY YOUTH ADVISORY COUNCIL

Membership Application

APPLICANT INFORMATION

Name:		
Cell Phone:	Alt. Phone:	Can you text? ____ Yes ____ No
Email:	Shirt Size:	
Address:		
City:	State:	ZIP Code:

PARENTS/GUARDIAN INFORMATION

Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	

SCHOOL INFORMATION

School:	Graduation date (mm/yy):	Grade:
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EXTRACURRICULAR AND WORK ACTIVITIES

Please list all extracurricular activities including community service, jobs, sports, jobs, clubs or organizations (use back for space)

Activity	How often?

What does Philanthropy mean to you?

What aspects of the Youth Philanthropy concept appeal to you most and why?

AGREEMENT AND CONSENT

I declare that the above information I have provided is correct to the best of my knowledge. I understand that the submission of this application neither obligates nor guarantees membership in the Marietta Community Foundation's Youth Philanthropy Council.

Signature of applicant:	Date:
Signature of parent/guardian:	

Please submit your application to Marietta Community Foundation at P.O. Box 77 or 100 Putnam Street, Marietta, OH. Questions about the Youth Advisory Council should be addressed to Britani Merritt at the Marietta Community Foundation at (740) 373-3286 or britani@mcfOhio.org