

YOUTH LEADERSHIP COUNCIL

APPLICATION

Name: _____

School: _____ Grade: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

1. Why do you want to be a part of Pinky Swear Foundation's Youth Leadership Council?

2. How do you think you will be able use your strengths to help kids with cancer?

3. What personal or group goals do you have while you serve on the Youth Leadership Council?

4. What would you like to personally gain from this experience?

By signing this document, you and your parent/guardian agree to the expectations set by the Youth Leadership Council and its dedication to the members.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

QUESTIONS?

Contact Frankie Behr - Student Leadership Manager at Frankie.Behr@pinkyswear.org

Pinky Swear Foundation | 5555 W. 78th St. Suite E, Edina, MN 55439 | pinkyswear.org

