

# 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?

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

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

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

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*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 Malaina Saha - Student Leadership Manager at [malaina.saha@pinkyswear.org](mailto:malaina.saha@pinkyswear.org)

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