



EAGLE RIVER
YOUTH COALITION

Youth Leaders Council

By The Eagle River Youth Coalition, The Youth Foundation, & The Eagle County Volunteer Center

Youth Leaders Council Application:

Please fax your application to 970.949.7087

Name: _____

Mailing address: _____

Phone: _____

Email: _____

School: _____ Grade: _____

Average High School GPA: _____

Name of Parent or Guardian: _____

What extra curricular activities are you involved in? (Please include how long you have been involved in each.)

Please describe yourself in three words.

What are your plans for your future?

What problems do youth face today?

Please describe any past or current leadership positions.

The Eagle River Youth Coalition ~ Making youth a community priority
PO Box 4613 Edwards CO 81632
Phone: (970) 949-9250 Fax: (970) 949-7087
E-mail: cgair@eagleyouth.org Website: www.eagleyouth.org

Please describe any honors or awards you have received.

Please describe all of your volunteer experience.

Why do you want to be involved with the Young Leaders Council?

The Youth Leaders Council requires a large time commitment. Describe a time when you displayed exceptional responsibility and commitment.

If you could change one thing about the world, what would it be and why?

Extra Comments:

(Please attach a sheet in Microsoft Word if needed). Fax this sheet to 949-7087 or Email: bhaynes@eagleyouth.org Thank you. Call 970-949-9250 with questions. Interviews will be scheduled in early May.

Signature: _____ Date: _____
