



YOUTH OPPORTUNITIES UNLIMITED THROUGHOUT HILLSDALE
HILLSDALE COUNTY COMMUNITY FOUNDATION
MEMBER APPLICATION

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email: _____ Parent/Guardian: _____

Your School: _____ Grade in School: _____

Birthday (include year): _____ Graduation Year: _____

Describe your participation in school, church, community or other club activities (what are you involved in?):

Why would you like to be on the YOUTH committee?

What are some of your talents and abilities that you would like to use or enjoy using as a committee member?

I am committed and motivated; please consider me as a YOUTH Committee member!

Signature: _____ Date: _____

***A letter of recommendation supporting your YOUTH application is required.
Letters from family members are not accepted.**

Please return to HCCF at PO Box 276, Hillsdale, MI 49242 by April 1