



**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?

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*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 September 1st*