



YOUTH FOUNDATION FUND ADVISORY COMMITTEE MEMBER APPLICATION

NAME _____

ADDRESS _____

_____ PHONE# _____

SCHOOL _____ GRADE _____

PARENT(S) (Or adults to contact if necessary)

Name _____

Phone _____

Address (if different from above) _____

Name _____

Phone _____

Address (if different from above) _____

How did you learn about the Youth Foundation?

Currently a member

Principal/Teacher/Guidance Counselor _____ (please identify)

Referred by: _____ (please identify)

SCHOOL EXTRACURRICULAR ACTIVITIES:

COMMUNITY ACTIVITIES:

PERSONAL CHARACTERISTICS

Please rate yourself by circling the number you feel best represents you. 10 is the highest or very strong, and 1 is the lowest.

ABILITY TO COMMUNICATE	1	2	3	4	5	6	7	8	9	10
DEDICATION	1	2	3	4	5	6	7	8	9	10
SERVICE TO YOUR COMMUNITY	1	2	3	4	5	6	7	8	9	10
WILLINGNESS TO LEARN	1	2	3	4	5	6	7	8	9	10
OPENNESS TO NEW IDEAS	1	2	3	4	5	6	7	8	9	10
SENSE OF HUMOR	1	2	3	4	5	6	7	8	9	10
ABILITY TO WORK WITH OTHERS	1	2	3	4	5	6	7	8	9	10

Please complete and return to:
Community Foundation of the Eastern Shore
1324 Belmont Avenue, Suite 401
Salisbury, MD 21804

If you have questions, please call:
Erica Joseph, Program Officer
410-742-9911 or joseph@cfes.org

Thank you for your interest in the Youth Foundation Advisory Committee of the Community Foundation of the Eastern Shore!