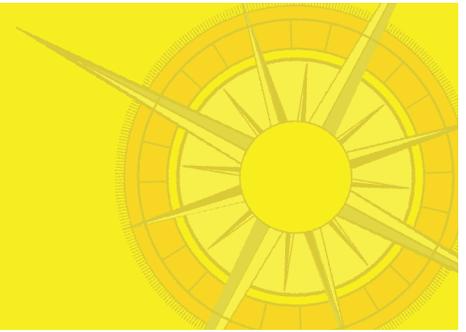




Wilson Youth Council MEMBERSHIP APPLICATION 2019-2020



Student Information - please print clearly

Name: _____
(First) (Middle) (Last)

Mailing Address: _____

(City) (State) (Zip)

Male Female Age _____

Birthday _____

New Member

Returning - Starting my
(please circle) 2nd 3rd 4th year

Tshirt Size: _____

Home Phone: _____ Cell Phone: _____

Email: _____

High School: _____ Grade level: _____

Ethnic Group: Caucasian African American Hispanic Asian Middle Eastern _____
(used for statistical purposes only)

Check which you use: Email Text Instagram _____

How did you hear about the WYC? (check all that apply): Friend School Poster Social Media
Internet/web T-shirt WYC Member: _____ Event: _____ Other: _____

We want to learn more about you!

List any current activities including school, work, athletics, academics, faith, community or volunteer.

Parent or Guardian Information

We understand attendance at WYC meetings is expected.

We understand WYC members are required to volunteer a minimum of 10 hours per semester.

Parent/Guardian Contact: _____ Relationship: _____

Parent Email: _____

Parent Phone: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

New Members - Short Answer Questions

Please write clearly and limit your answer to space provided below.

Name: _____ High School: _____

1 Why do you want to be a member of the Wilson Youth Council?

2 The Wilson Youth Council volunteers in the community every month. Why is volunteering important to you?

3 List 4 things about you. Hobbies, favorite activities, things you like.

4 How would your friends describe you?

Membership Requirements

To become an active member you will need to:

- 1. TURN** in Application
- 2. ATTEND** Meetings
- 3. VOLUNTEER** 10 hrs per Semester
- 4. ATTEND** Orientation

I have read over the Wilson Youth Council informational brochure and attended at least one meeting to understand the purpose of the council. The information I have submitted is truthful. It has been reviewed by a parent/guardian that supports my decision to become involved in the council.

New Member Signature: _____ Date: _____

Submit this completed application to:

Wilson Youth Council
City of Wilson
Human Relations Office

Address: P.O. Box 10, Wilson, NC 27894



Questions?

Call us at (252) 399-2308

www.wilsonnc.org Search for YOUTH



@wilsonYcouncil