



Membership Application

APPLICANT INFORMATION – NEW MEMBERS MUST BE GRADES 8-12

Name:		
<input type="checkbox"/> New Member <input type="checkbox"/> Returning Member (please check one)		Shirt size:
Cell Phone:	Alt. Phone:	Do you have texting?
Email (THAT YOU WILL CHECK REGULARLY):		
Address:		
City:	State:	ZIP Code:

PARENTS/GUARDIAN INFORMATION

Name:		Phone:
Relationship:	Occupation:	Employer:
Name:		Phone:
Relationship:	Occupation:	Employer:

SCHOOL INFORMATION

School:	Grade Level:
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EXTRACURRICULAR ACTIVITIES

Please list all extracurricular activities including community service, jobs, sports, clubs or organizations (use back if you need more space)

Activity	How often?	Positions/Honors

REFERENCES (NON FAMILY MEMBERS)

Name	Relationship	Phone

I declare that the above information I have provided is correct to the best of my knowledge. I understand that the submission of this application neither obligates nor guarantees membership in the Orange County Youth Council.

Signature of applicant:	Date:
Signature of parent/ guardian:	Date:

Please turn application back into school office or to the OCCF office at 1075 N. Sandy Hook Rd. Ste. 2, Paoli IN 47454 by the end of August.

Questions about the Youth Council should be addressed to OCCF Finance and Programs Associate, Lauren Goodman, at (812) 723-4150 or via email at laurengoodman@orangecountycommunityfoundation.org.