



member application

general information

name: _____

home address:

NUMBER AND STREET NAME

CITY

PROVINCE

POSTAL CODE

home phone: ()

mobile: ()

email: _____

parent(s)/guardian(s) name(s): _____

school (if applicable): _____

year of graduation: _____

birth date: _____

Sex: Male Female

tell us a bit about yourself

tell us about your school/community activities, talents, superpowers, likes/dislikes, challenges, second languages, experiences, etc.

why would you like to serve on the Youth Philanthropy Council?

what are some of the issues and challenges you feel are most important to youth in Vancouver?

are you able to commit to attend a monthly meeting held on a Monday evening, plus occasional other evening and weekend activities for the entire school year (+ some summer stuff too)? Yes No

what is your general availability on days/times listed below? please check all that apply

- Monday(s) from 5pm – 8 pm
 - Saturday(s) from 10am – 1 pm
 - Saturday(s) from 1pm – 4 pm
-

approximately how many hours do you think you will have available to volunteer and take part in activities each month during the school year? number of hours:

PLEASE RETURN TO:

Vancouver Foundation
Youth Philanthropy Council
Attention: Mark Gifford, Program Director
555 West Hastings, 12th Floor
Vancouver, BC V6B 4N6

(phone) 604-688-2204 (fax) 604-688-4170
mark@vancouverfoundation.bc.ca