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**Youth Philanthropy Initiate of Johnson County**

Board Application

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| --- | --- | --- | --- |
| **Name:** | | | |
| Address: | | | |
| City: | State: | | Zip: |
| Age: | | Student Phone Number: | |
| School System: | | Student Email: | |
| **List of current activities (church, clubs, school, etc) and leadership roles:** | | | |
|  | | | |
| **What talents or experience do you believe you can bring to the YPIJC Board:** | | | |
|  | | | |
| **Signature:** | | | |

To submit please email a copy of this form saved as YPIJC Board Application to [Leeannh@jccf.org](mailto:Leeannh@jccf.org).