

United Way of Coastal Georgia  
Youth Service Council  
2021 – 2022 Application



United Way  
of Coastal Georgia, Inc.

**Applications must be turned in by Friday, March 12, 2021.**

**Please return to the guidance office with one recommendation. Applications without a recommendation will not be accepted. Please type or print clearly.**

If more space is needed to answer any question below, please attach a separate sheet of paper and clearly indicate the question you are answering.

Full name \_\_\_\_\_ Date \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_ Cell phone number \_\_\_\_\_

Primary email address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ T-shirt size \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Parent or Guardian cell phone number \_\_\_\_\_

Parent or Guardian email address \_\_\_\_\_

Name of high school applicant attends \_\_\_\_\_

Current year in school \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior

Numerical GPA \_\_\_\_\_

Describe your plans after high school (e.g., workforce, military, 2- or 4-year college) \_\_\_\_\_

Are you currently employed? If yes, would it interfere with the Youth Service Council activities? \_\_\_\_\_

School Involvement/Memberships/Recognitions \_\_\_\_\_

Involvement/Memberships/Recognitions Outside of School \_\_\_\_\_

Interests/hobbies \_\_\_\_\_

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Describe any community service/volunteer projects that you have participated in \_\_\_\_\_

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In your own words, please tell us why you would like to be part of the United Way of Coastal Georgia's Youth Service Council and what you hope to gain from the experience.

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To make this experience as valuable as possible, it is **extremely important to attend all Youth Service Council meetings**. There will be **nine monthly meetings** (August – April) culminating with a celebration ceremony in May. Outside monthly meetings, Youth Service Council participants will also be expected to **meet the volunteer hours and capstone project requirements**. Please see the accompanying information sheet for program outline.

**To the Student and Parent/Guardian:** It is important that we have your commitment to the time required by this position. **If you are willing to make this commitment, please sign below.**

By signing below, you give permission for your school to release the necessary information to complete this application for the United Way of Coastal Georgia's Youth Service Council.

If selected, do we have your permission to list you in a media release? \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Certified by school/program official:

Name and Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_