



YAB Application

Thanks for your interest in joining the Youth Volunteer Corps Youth Advisory Board for the 2017-2018 program year. Please complete the following form in order to be considered for nomination.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Email: _____

Name of Parent/Guardian: _____

Parent/Guardian Phone number: _____

School: _____ Current Grade: _____

Please complete a one-page essay addressing the following statements:

1. Describe why you are interested in serving on the Youth Advisory Board.
2. Describe an experience on a YVC service project that made an impact on you.
3. Describe any other leadership roles or experiences you have had and what they taught you.

Please include a letter of recommendation from a school teacher or other adult (NOT a family member) who knows you well and can speak to your qualifications for this role.

Eligibility Requirements:

To be considered for the Youth Advisory Board you must have at least six (6) YVC service hours with YVC of Charleston or have attended three (3) YVC of Charleston events.

Please return this form, your essay and letter of recommendation by September 1, 2017 to:

Jennifer Gorham, Program Director - MOCYF
75 Calhoun Street, Suite 3700
Charleston, SC 29401
gorhamj@charleston-sc.gov

Date received: _____ **OFFICE USE ONLY** _____
Action taken: _____
Notes: _____