

North Star LGBTQ Community Center
Youth Leadership Council 2020-2021 Application

Name:

Pronouns:

School:

Grade:

Age as of 09/01/2020: _____

Email:

Phone:

Can you commit to attending monthly meetings from September 2020 thru May 2021: Yes No

Name of parent/guardian (*Print*):

Approval of parent/guardian (*Signature*):

Please answer the following questions.

What extracurricular activities do you participate in?

Please list any past volunteer experience:

Have you held, or now hold, any leadership positions? Yes No What were they?

Please tell us why you would like to become a Youth Leadership Council participant and what you hope to accomplish through this experience:

Signature: _____

Date: _____