



**Children's Youth Philanthropy Group**

**2024-2025 Membership Application Form**

**Applications Close: Wednesday, August 7 at 11:59 pm**

Parent/Guardian: Please complete Part A and Part E of this form, for applicants under the age of 18.

Youth Applicant: Please complete Parts B, C, D and F of this form, and return the completed application to the Children's Health Foundation.

**Part A- Parent/Guardian Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Part B- Youth Applicant Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

### Part C- Youth Application Information

1. Imagine you have one minute to introduce yourself to us in the most memorable way possible. How would you do it? Get creative and show us who you are! Whether it's through a song, a vision board, or any other medium of your choice, we invite you to share who you are! **This will be presented to us during the interview.** Please prepare accordingly.
2. Why do you want to be a member of the Children's Youth Philanthropy Group?
3. Tell us about any past and current volunteer experience.
4. What other experience would you bring to the Youth Philanthropy Group?
5. Are you able to attend **in person bi-weekly** meetings from September-May? We meet bi-weekly, one day from Monday to Friday. Typically, meetings will be held in the early evenings and would be 1.5 hours in length.

6. Additionally, members will be asked to join one of our three sub-committee groups: External Relations, Event Logistics or Marketing and Communications. Please let us know which group you feel you'd be the best fit for, and why.

7. What are your other commitments during the time frame of September-May (job, volunteer, school, etc.)?

8. How did you hear about Children's Youth Philanthropy Group?

Part D- References (Please let your references know we may be contacting them)

Reference #1
Name: _____ Email: _____
Relationship: _____
Reference #2
Name: _____ Email: _____
Relationship: _____

Part E- Parent/ Guardian Signature

I understand that the Children's Health Foundation may contact my child regarding the Youth Philanthropy Group, and that if my child is selected, they will be required to attend regular meetings at the Children's Health Foundation and/or virtually through Zoom.
Parent/Guardian Signature _____ Date: _____

Part F- Youth Applicant Signature

I understand that if selected to join the Youth Philanthropy Group, I will be required to attend and participate in regular meetings, as well as commit to a one-year term on the committee.

Youth Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in supporting the Children's Health Foundation through the Youth Philanthropy Group!

Please send your completed application by August 7, 2024, to **Maysee McLean** at **mmclean@childhealth.ca**