

YELL Board | APPLICATION

General Information

Name (first and last):			
Preferred Mailing Address:			
Phone Number:	Cell:		
Email:			
Preferred Method of Contact (Please Circle One):			
Phone	Cell Phone	Email	Text
Date of Birth (mm/dd/yy):	Current Age:	Current Grade:	
Parent/Guardian Name (first and last):			
Phone:	Cell:		
Parent/Guardian Address:			
Emergency Contact If Parent/Guardian Cannot Be Reached:			
Name: _____ Relationship: _____			
Phone: _____ (circle one: cell or home)			

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4) Please describe a significant event, person, or experience that has helped make you the person you are today.

5) How well do you work with other people?

6) How busy do you feel?

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If you have any questions, concerns or insights that you wish to share, please do so here. This may include any issues you see affecting your work as a YELL Board member (irregular email access, possible time commitment conflicts, etc.).

Please consider the following statements and add an explanation to any statement you cannot check off.

- I recognize that YELL meets on Monday evenings and understand that it is my responsibility to make every effort to attend each meeting.
- I have email access and will respect the importance of checking regularly the email address I provide to the YELL Program Advisor. (Or: I have talked to the YELL Program Advisor about not having email access, and we have made other arrangements.)
- The above application and information represents truthfully my individual work and circumstance.

(Signature)

(Date)

(Parent/Guardian Signature)

(Date)

* Please mail your application to the address below. *

YELL Program Advisor, P.O. Box 651, Bryan, OH 43506

Applications are due March 4th, 2011.