



**Youth Volunteer
Advisory Board Application
2017-2018**

Application due date: 5/31/17



Full Name:	
Phone #:	
Email address:	
Grade for 2016-2017 school year	
School	
Name of your school guidance counselor	
Have you ever been part of a group or council (youth group, sports team, school club, etc.?) If so, which one(s)?	
Why do you want to be on the Youth Advisory Board?	
What social issues are important to you and why?	
The purpose of this application is to learn more about you. Please tell us a little bit about yourself without exceeding 200 words.	

Please return form via email to VOiCEup@BCCF.org or mail to VOiCEup Berks, c/o BCCF, 237 Court St, Reading, PA 10601