



Membership Application

Date of Application:

First name:

Last name:

Nickname:

Parent's Names:

Street Address:

City, Zip:

Home telephone:

Cell:

Email:

Age:

School:

Grade:

1. Typically, what is the best way to contact you? (Circle One)

Phone

E-mail

Letter

Fax

Pager

2. What is the best time to reach you?

3. Please list all of the extracurricular activities you are currently involved in or have been involved in at some point in your high school career. Please include all sports, religious groups, service organizations, theatre, and any other activities outside of school you have participated in.

4. Which one of the above activities is the most meaningful to you? Why?

5. Have you ever held a leadership position in any of these activities in or out of school? Please describe.

6. Do you know any current or past members of In Youth We Trust? If yes, please list their name(s).

7. What three youth-related problems do you think are most important in the Rockford area right now?

8. Make recommendations for each of the problems stated above.

9. If you could have been someone in history, who would you have been? Why?

10. We have monthly meetings that usually run from two to three hours. Considering your other commitments, would you be able to commit time for In Youth We Trust?

11. Is there anything else you would like to tell us?

12. Do you have a job? If so what is it?

13. How did you hear about In Youth We Trust (circle one or more)?

TV Radio Grant Program Newspaper
Teacher/Advisor Event Member _____

Other _____

14. Please list the name and phone number of a person (other than a relative) who you would like to use as a character reference?

Name _____ Phone Number _____

15. Please attach a letter of recommendation from one of your current or past teachers/advisors who can discuss your motivation, leadership capabilities, and personal qualities.

Parent Signature: _____

*Please Note: Generally, membership is limited to 4 representatives from the same school and 2 representatives from the same community organization.

Please return application via mail to: James Patterson, c/o Community Foundation of Northern Illinois, 946 N Second St, Rockford, IL, 61107. Applications may also be returned via email to James Patterson's attention at: jpatterson@cfnil.org.

Questions or concerns may be directed to James Patterson via phone at 962-2110, extension 11.