



Gems of Hope
Youth Advisory Board
Application for Membership
2018-2019 Academic Year

Name	
Address	
City, State, ZIP	
Phone	E-mail
School	Current grade
References* (at least one)	
Reference Phone	

* A reference must be either a former member of the Youth Advisory Board Member, or teacher, employer, coach or another adult who knows you well but is not part of your immediate family. Please ask your reference to submit a written recommendation on your behalf using the contact information listed on this application.

Membership Requirements:

All applicants must meet the following requirements. If you are unable to meet one or more, please describe the circumstances on an attached sheet.

1. Available to attend meetings (*second Sunday of each month, 7pm*)
2. High school student.
3. Live in The Corridor community.
4. Committed, dedicated, and interested in supporting cancer patients and their families, and the community.

Part 1: Background and Qualifications

Please answer the following questions. Please type or print clearly. You may attach up to one additional page if necessary to respond to the questions.

1. How did you find out about the Youth Advisory Board?

2. What skills, abilities, or interests would you bring to the Youth Advisory Board?

3. What do you hope to learn from your board experience?

4. Reflect on either:

- a challenge that you have faced in your life, or
- an accomplishment that brings you personal pride, or
- how cancer has affected your family.

Tell us about what you have learned and how it has impacted you.

Part 2: Personal Statement

This is your opportunity to tell the Youth Advisory Board about who you are as a person. Tell us about what makes you unique, through whatever medium you choose: short essay, video, poem, comic, collage, drawing, etc. Be Creative!

Thank you for completing this application!

Please return by mail, fax, or e-mail to:

Gems of Hope
420 6th St. SE, Suite 140
Cedar Rapids, Iowa 52401
office@gemsofhope.com