BISHOP MAGINN YOUTH PHILANTHROPY COUNCIL

Membership Application

Full Name: _____

Phone Number: _____ Address: _____

E-mail Address: _____ Grade: _____

1.) Why do you want to be part of Bishop Maginn High School's Youth Philanthropy Council?

2.) Why do you think you would be a good council member?

3.) Please share any volunteer activities you have participated in.

4.) Please list all extracurricular activities you are involved in.

5.) There may be times when YPC needs to meet outside normal school hours, can you commit time to making this happen?