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| chicago youth Centers Sidney epstein CenterLOCAL Advisory Board Membership Application |
| Applicant Information |
| Name: | Email: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Employment Information |
| Current employer: |
| Does your employer match funds? | Please circle yes no  |
| Retired | Please circle yes no  |
| Emergency Contact |
| Name  |
| Relationship  | Phone: |
|  |
| membership and Associations (professional, Board, SOCIAL, religious, honorary, etc) |
| Name: |
| Name:  |
| References |
| Name: Address: | Phone: |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
|  Areas of Interest *(mark your areas of interest)* |
| Fundraising  | Programs  | Mentoring  |
| Finance  | Community Engagement  | Volunteer  |
| Membership  | Member Engagement  | Other  |
| Children Enrolled in CYC Programs (if any) |
| Name Age | Name Age |
| Name Age | Name Age |
|  |
| Please send/submit your applicationto:***Attention: Clarence Hogan, clarence.hogan@chicagoyouthcenters.org******3415 W. 13th Place Chicago, IL 60623 (773) 762-5655*** |
| **Signature of applicant:** | **Date:** |

**Narrative**

**Please take a moment to tell us briefly about yourself and what unique talents you can bring to the Chicago Youth Centers-Sidney Epstein Youth Center:**