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YOUTH PHILANTHROPY ADVISORY COMMITTEE APPLICATION

Name:
Age:
Phone:
Email:
Where do you live?
If you are not able to physically attend a meeting, do you have the technology available to participate in a virtual meeting? (Zoom, Google Meet, Skype) YES NO
Why are you interested in joining YPAC?
What is your leadership experience?
What extracurricular activities do you participate in?
What is your availability?
How many hours per week are you willing to commit to YPAC?