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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:**