



Advisory Council Membership Application

Applicant Name: _____

Address: _____

Home#: _____ Work#: _____ Cell#: _____ Pager#: _____

Best number to reach at during the day: _____ Best time: _____

Email Address: _____

Agency Name: _____

Current Position / Title: _____

Please list any previous positions that you have held that relate to Juvenile Justice, including any other positions that you feel would benefit The Phoenix Hope Foundation while serving on this Advisory Council.

Please provide any past or present positions you have held or currently hold on any councils or boards, and/or any experience related to marketing, community outreach, working with youth and/or any volunteer efforts.

What interest do you have in the Phoenix HOPE Foundation and what do you hope to contribute as a member of the Phoenix HOPE Foundation Advisory Council?

Are you interested in working directly with the youth we serve? Yes No

Would you be available and willing to serve on subcommittees that are created to meet the needs of the Phoenix Hope Foundation? Yes No

Please check any and all areas of interest that you would participate:

- Fundraising
- Grant Writing
- Public Relations
- Scholarships for Youth
- Speaking Engagements
- Mentoring/Volunteering
- Advertising/Marketing
- Other _____

Please provide (2) references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Nominated by: _____ (if applicable)

Applicant's Signature: _____ **Date:** _____