



Young Advisory Board Application

Applicant Contact Information

Full Name _____

Email _____

Applicant Cell Phone Number _____

Current Employer _____ Position/Title _____

Address _____

City _____

State _____ Zip/Postal Code _____

What is your primary language? Do you know any secondary languages? If so, list them here:

Applicant Admission Questions

How did you hear about the Young Advisory Board (YAB)?

Why do you want to be a member of the YAB? What are you looking to gain from this position?

Please detail any experience and/or past experience with development, volunteer, and/or other non-profit organizations.



Please tell us three things that make you an asset to organizations in which you are involved.

What skills or talents will you bring to the YAB?

- Fundraising
- Special Events
- Strategic Planning
- Financial/Accounting
- Public Relations/Marketing
- Technology
- Volunteer Management
- Other (list below)

Describe your leadership experience (whether in school, work, or in other activities).

Please submit a current resume with your application.

Should you be chosen to be a member of the Vibrant Health Young Advisory Board, your membership will begin with an initial 2 year time period, with the opportunity to extend this membership upon mutual agreement from the YAB members and the individual member. Your membership with the Vibrant Health Young Advisory Board is at will and contingent upon proper execution and adherence with the YAB Bylaws, and if either the YAB members or the individual member determine that a member should no longer be involved with the Board, the member must provide a written letter of resignation to the YAB Chair.

My signature here and on the YAB Bylaws signifies my compliance with all necessary requirements of a YAB board member.

Date: _____

Printed Name: _____ Signature: _____