

FORM A

Applicant Name: _____

YOUTH ADVISORY BOARD APPLICATION

APPLICANT BASIC INFORMATION:

Name: _____

Bethel No.: _____ City: _____

Birthday: _____ Age: _____

Address: _____

City: _____ Zip Code: _____

Phone Numbers:

Home: _____

Personal Cell: _____

Parent/s Cell: _____

Email: _____

Parent/s Email: _____

Check the offices you would like to be considered for:

GB Junior Princess***

GB Guide***

GB Marshal***

GB Recorder

GB Treasurer

***must currently/previously held this position within your Bethel

Dear Youth Committee:

I would like to be considered for the offices listed above. I have reviewed the responsibilities of the Youth Advisory Board from the policies and procedures, and the Bylaws of the Grand Bethel of Oregon and believe I will be able to meet each of the responsibilities. I have discussed these responsibilities with my parent(s) or guardian(s) and they will support me if I am selected to any office.

Applicant's Signature

Date

Applicant will send FORM A with FORM B. If Form A is submitted by email, please type name on the signature line and email from applicant's personal email account.

Send via mail or email to the Grand Bethel Guardian

All materials must **reach** the Grand Bethel Guardian by June 15, 2017.

Janet Hernandez, Grand Bethel Guardian
1218 Chemawa Loop NE, Keizer, OR, 97303
503-871-6433 oriojdyc@gmail.com

FORM B

Applicant Name: _____

YOUTH ADVISORY BOARD APPLICATION

JOB'S DAUGHTER RESUME: Please include present and past Bethel offices held, Grand Bethel Offices held and any awards received. You may include other important Job's Daughter accomplishments or participation as well which will show your well-roundedness as a Job's Daughter. You may add another page if necessary.

Initiation Date _____ Proficiency Date _____

FORM B needs to be sent with FORM A by the Applicant after FORM B has been verified by the Bethel Guardian Secretary.

Send via mail or email to the Grand Bethel Guardian
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FORM C

Applicant Name: _____

YOUTH ADVISORY BOARD APPLICATION

Bethel Guardian Secretary's Verification:

I, _____, the Bethel Guardian Secretary of Bethel # _____ of _____, Oregon have seen and verify that the information provided on Form B by applicant, Miss _____, is true and correct to the best of my knowledge and records.

Bethel Guardian Secretary Signature

Bethel Guardian Secretary Printed Name

Date

FORM C needs to be filled out and sent by the Bethel Guardian Secretary to verify applicant information is accurate. If Form C is submitted by email, please type name on the signature line(s) and email from Bethel Guardian Secretary's personal email account.

Send via mail or email to the Grand Bethel Guardian

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