

Junior Council

THE SEANY FOUNDATION

Name:

Age:

Contact Information: _____
Telephone Number Email Address

****Please attach responses to the following questions on a separate piece of paper****

- 1) How did you hear about Seany's Junior Council?
- 2) Why would you like to be involved on Seany's Junior Council?
- 3) What experience do you have with fundraising?
- 4) What experience do you have with awareness and advocacy?
- 5) Describe any special skills you have that you'd like to share with Seany's Junior Council.
- 6) Describe any awareness or fundraising ideas you have for Seany's Junior Council.
- 7) Are you interested in a leadership position on Seany's Junior Council?

