**Application Process:**

The Winnebago County Health Department will be accepting and reviewing applications until **September 5th**, **2022**. Please complete this application form and provide at least one letter of recommendation to the group Council Facilitator Erich Von Gillern. Contact information is provided at the end of this application. Please submit applications to Council facilitators via email, mail, or dropped off to the first floor RM 116 of the Winnebago County Health Department. Expect a phone call to schedule an interview from one of the Council facilitators within one week of submitting your application. Those students who are accepted to the Council will receive notification via email.

**Application Form**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Short Answer (If your answers require more than the space provided, please continue on a separate page.):

1. What type of leader are you?
2. What do you believe you will gain by participating in the Council?
3. What do you believe you will contribute to the Council?

**Please attach all recommendations to this form. Recommendations from family members are NOT acceptable.**

By signing below, I certify all information is true and correct to the best of my knowledge.

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**Signature of Applicant** **Date Signed**

**Return application form and recommendations** by September 5th, 2022 to **Youth Leadership Council Facilitator**Erich Von Gillern [evongillern@wchd.org](mailto:evongillern@wchd.org), 815-720-4346 at the Winnebago County Health Department 555 N. Court St., Rockford, IL 61103.