



**\*Please attach a recommendation letter to application. Email completed application materials to [info@edmondmobilemeals.org](mailto:info@edmondmobilemeals.org) by Friday, September 20, 2019. Use additional pages as needed.**

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

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Please describe what leadership means to you. Support your answer with a description of your work on at least one project or endeavor that has been important to you and your development as a leader.

2. What do you feel you can offer to the Leadership Council and Edmond Mobile Meals. (examples: skills, contacts, etc.)

3. What do you expect to gain/learn from this program? Why do you want to join?

I am interested in chairing this council. (co-running meetings, preparing materials, communicating with council)

\*My child is allowed to participate in all of the sessions for the EMM Leadership Council.

\_\_\_\_\_  
Parent Signature

*The first Leadership Council meeting will be Tuesday, October 1 at 4:30pm.*