

# Personal Details:

**Senior Members Council**

 **Application Form**

No

Are you currently a member of Foróige’s Reference Panel? Yes

No

Yes

Have you participated on the council previously?

Name of Foróige club you are a member of:

How long have you been a member?

(mobile)

Email (Block Capitals)

 Date of Birth: / /

 Tel:

(home)

Address:

Female

 Sex: Male

Name:

# Leadership Qualities:

Why would you like the opportunity to participate on the senior members council?

Tell us of your experience of sitting on a committee? If not, what would you like to achieve?

Please give an example of how you demonstrated effective leadership in your club?

The senior members council will meet once a month, please tell us how committed you are in attending these meetings?

Signed Date:

*(Participant)*

**Parent/Guardian Consent:**

I give permission for the above named to attend the Mayo Foróige Senior members council meetings and events.

Signed: Date:

*(Parent/Guardian)*

**Leader Recommendation for senior members council:**

I recommend from Foróige club because

Signed by Leader: