



**American
Red Cross**

Nomination Form

Youth Leadership Council

Name _____

Grade _____

High School _____

Phone _____

Address _____

Email _____

Reason for Nomination:

What characteristics make him/her a qualified candidate for this leadership council?

Nominator:

I hereby recommend the above named person for membership on the American Red Cross Mt. Baker Chapter Youth Leadership Council.

Signature _____

Printed Name _____

Relationship to Nominee _____

Phone _____

Email _____

*Nomination forms are attached and due _____
Nominations can be mailed, emailed, faxed, or delivered.*

The American Red Cross
Mt. Baker Chapter
Attn: Public Support Coordinator
2111 King Street
Bellingham, WA 98225

Fax (360) 738-4014

Email: lauranf@mtbredcross.org

*For further information please contact Laura Fitzgerald,
Public Support Coordinator, Mt. Baker Chapter at (360)
733-3290 ext. 3023.*