



American Farmers & Ranchers Youth Advisory Council Application

Name: _____
 Address: _____ City: _____ Zip: _____
 Phone Number: _____ E-mail: _____ Birthdate: _____
 Parent(s) or Guardian(s): _____ Phone Number: _____
 Name of High School: _____ Year of Graduation: _____
 Chapter or Club: _____ Advisor Name: _____
 Advisor's Phone #: _____ T-shirt size: _____

Are you a current member of American Farmers & Ranchers? **YES** **NO**

Are you or your immediate family member's current policy holders of AFR? **YES** **NO**
 Mutual Insurance or Life Insurance Company? **Auto** **Home** **Farm** **Life**
 Policy Number: _____

Number of years attended AFR Senior Leadership Summit (including this year): _____

Who is your AFR Insurance Agent? _____

What other school/sport/leadership commitments do you have for the upcoming school year?

How do you plan to make AFR a priority if elected to be a Youth Advisory Council member?

Describe your personality in a team setting?

Please write a short response answering the questions and portraying your thoughts.

1. Who/what inspires you to be a leader, and why?
2. What is something about yourself that you have not conveyed elsewhere in your application?

1. _____

2. _____

Return this completed form along with a resume to afryouth@afmic.com by July 15, 2026.
No late applications will be accepted.