IFYR Youth Director Application (2026)

Applicant Information

Full Name

_____

Date of Birth

_____

Age

_____

Street Address

_____

City

_____

State

_____

ZIP Code

_____

Grade in School (2026–2027 School Year)

_____

School Name

_____

School Phone Number

_____

Applicant Email Address

_____

Applicant Cell Phone Number

_____

Parent/Guardian Name(s)

_____

Parent/Guardian Cell Phone Number(s)

_____

About You

Horse & School Activities (Describe)

_____

Events You Compete In

_____

Hobbies

_____

Tell us anything else you'd like the committee to know about you.

_____

Required Attachments

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Please include the following with your application:

- Letter of Recommendation
- Current 5x7 Photo
- Written Introduction about yourself and why you would like to represent the IFYR

Applicant Agreement

☐ I am between the ages of 14 and 18.

☐ I understand the duties and responsibilities of an IFYR Youth Director.

☐ I understand that, if selected, I am expected to represent IFYR throughout the year and participate in required events.

☐ I certify that the information provided is true and complete.

Applicant Name (Electronic Signature)

_____

Parent/Guardian Name (Electronic Signature)

_____

Date

_____

More info: Call Renee Underwood: 405-206-6780