

Youth As Resources Grant Projects  
A Program of The Rochester-Monroe County Youth Bureau



**Board Member Application / Profile**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Gender \_\_\_\_\_ Race/Ethnic Background (for our reporting) \_\_\_\_\_

**FOR YOUTH APPLICANTS:**

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**FOR ADULT APPLICANTS**

Employer \_\_\_\_\_

Title/Job Description \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

**FOR ALL APPLICANTS:**

Please attach a resume if you have one

Please list present or previous groups, clubs, committees, and/or boards you serve on:

Activities/Committees/Clubs

Boards-Past/Present

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**Areas of Interest (Circle all that apply)**

Health Issues	Recreation	Substance Abuse	Elderly	Education
Government	Youth	Community Development	Board Development	Community Service
Parks/Green Initiatives	Music	Fund Raising	Teaching	Arts
Criminal/ Juvenile Justice	Other:			

**Areas of Expertise (Circle all that apply)**

Administration	Computer Skills	Finance	Fund Raising	Leadership
Special Events Planning	Media	Public Relations	Public Speaking	Organizational Skills
Legal	Team Building	Art	Other:	

Please answer the following questions: (Attach additional pages if necessary)

1. What personal attributes do you feel you could bring to the Youth As Resources Board?
2. Why is serving on the Youth As Resources Board important to you?
3. We meet at least once a month for board meetings (Usually the 2<sup>nd</sup> Saturday of the month), distribute grants throughout the year, conduct site visits, and carry out annual grant celebrations. Additional training and board development sessions may be conducted a few times throughout the year.

Do you have the time to commit to the Youth As Resources Board? \_\_\_\_\_

How many hours a month do you think you can commit? \_\_\_\_\_

**For Adults:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Youth (under 18):**

**Youth Signature and Signature of Parent/Guardian** (By signing this documents you are allowing permission for your son or daughter to be transported in a County Vehicle for program purposes)

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent and/or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send or fax to:**

Youth As Resources  
435 East Henrietta Rd ▪ Faith 3-West ▪ Rochester ▪ New York ▪ 14620  
email: leannerichardson@monroecounty.gov OR ew ay@monroecounty.gov ▪ phone: (585) 753-6953 ▪ fax: (585) 753-6465  
w w w .monroecounty.gov/youth-resources.php ▪ w w w .monroecounty.gov

OUR SUPPORT

