



Youth As Resources

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

School _____ Grade _____ Date of Birth _____ Age _____

Best phone to reach you _____

Parent / Guardian Name _____ Parent / Guardian Phone _____

Parent / Guardian email _____

For Adults

Employer _____

Title/Job Description _____

Work Address _____

Best phone to reach you _____

For All Applicants

- Please attach a resume if you have one
- Please list present or groups, clubs, committees, activities and/or boards you serve on:

Areas of Interest / Expertise (Circle all that apply)

Health & Wellness	Recreation	Education	Advocacy	Government / Politics	Community Development	Intergenerational
Environment	Music	Media Production	Event Planning	Visual Arts	Performing Arts	Journalism
Poetry	Writing	Fund Raising	Public Relations	Outreach / Recruitment	Computer Skills	Sports / Recreation
Finance	Team Building	Law / Legal Issues	Public Speaking	Science / Technology	Organizational Skills	Reading
Other:						

YAR Committees you may be interested in (Circle all that apply)

Outreach	Service-Learning	Special Events	Fundraising	Trainings/ Orientations	Public/Community Relations
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Please answer the following questions:

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 on Saturdays for board meetings, distribute grants throughout the year, conduct site visits, and carry out annual grant celebrations. Committees meet bi-weekly. 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? _____

Signatures Page

For Adults:

Signature: _____ Date: _____

For Youth (under 18):

Youth Signature: _____ Date: _____

PARENTS—By signing this document you are agreeing to the following:

- I understand that youth will be supervised by YAR staff/volunteers during all program-related activities.
- I grant permission for my child to be transported in a County Vehicle for program purposes.
- I understand that all photos, video and/or audio material of my child becomes the property of YAR/Monroe County and may be used for publication.

Parent / Guardian Signature: _____ Date: _____

Please send/e-mail/fax to:



Youth As Resources

435 East Henrietta Rd Faith 3-West Rochester New York 14620

email: PonteriN@monroecounty.gov phone: (585) 753-6953 fax: (585) 753-6465

www.monroecounty.gov/youth-resources.php www.monroecounty.gov

Our Funders:



Our Community Partners: