

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

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 2nd Saturday of the month), conduct two grant cycles, perform site visits each grant cycle, and carry out grant kickoff and year end 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: gperez@monroecounty.gov ▪ phone: (585) 753-6953 ▪ fax: (585) 753-6465
 www.monroecounty.gov/youth-resources.php ▪ www.monroecounty.gov

OUR SUPPORT

