Kenosha County
Youth As Resources

Board Member Application/Profile

Name:_____ Age group: ❑ 12-14 ❑ 15-18 ❑ 19-25 ❑ over 25

Home Address:_____

(street number) (city) (zip code)

Daytime phone:_____ Evening phone:_____

Occupation/School:_____ Grade:_____

e-mail: _____ Gender: male / female

Race/Ethnicity: ❑ American Indian/Alaskan Native ❑ Black
❑ Asian or Pacific Islander ❑ Hispanic ❑ White ❑ Other: _____

Please list present and previous experience:

Boards/Committees/Clubs: _____

_____

Activities/Hobbies/Volunteer:_____

_____

Photo Release

I hereby give and forever grant to the Board of Regents, University of WI System, d/b/a/ University of Wisconsin-Extension its educational and promotional materials and their successors and assigns, the right to use, publish and copyright my picture, portrait, moving image and recorded voice, in whole or part, including alternations, modifications, derivations and composites thereof, in educational programs and advertising and promotion of University programs. This right shall include the right to combine my likeness and voice with others and to alter my likeness, by digital means or otherwise, for the purposes set forth herein. I also understand that once my image is placed on a University of WI Website, CD-ROM, or any other electronic device, the image may be viewed or used on or off campus. I agree to indemnify and hold harmless and defend the University and all of its officers, employees and agents against any and all liability claims, costs of whatever kind and nature occurring in connection with or in any way incidental to or arising out of my actions for the University.

Do you need an accommodation due to a disability to participate in YAR programs? ❑ Yes ❑ No. If you need an accommodation, please contact the YAR office about your needs. (262-857-1945)

I have read the YAR Board Member description and would be willing and able to make a commitment to attend board meetings regularly. I understand that the above information is voluntarily supplied and may be used in the development of the YAR Board to ensure broad community representation.

_____ _____

Signature Date Signature of Parent (if under 18)

Mail to: **Kenosha County Youth As Resources, 19600 - 75th Street, PO Box 550, Bristol, WI 53104-0550**

Youth As Resources does not discriminate against anyone for reasons of race, color, gender/sex, gender identity, creed, disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental status, arrest or conviction record or veteran status

-- ***over*** --

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. Why should we select you for the YAR Board instead of another candidate?

4. Do you feel you have the time to commit to the Youth as Resources Board? (We meet at least once a month for board meetings, and other times for grant workshops and Project Kickoff celebrations. Additional training and board development sessions may be conducted a few times throughout the year.)

Thank you!

UW Extension Kenosha County

United Way of Kenosha County

Kenosha County YAR is a program of Kenosha County UW-Extension in partnership with the United Way of Kenosha County.