



KENOSHA COUNTY YOUTH AS RESOURCES Board Member Application



Name: _____ Youth Adult

Home Address: _____
(Street number) (City) (Zip Code)

Daytime phone: _____ Evening phone: _____

Occupation/School: _____ Grade: _____

E-mail: _____

Gender: Male Female Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Race: American Indian/Alaskan Native Asian or Pacific Islander Black/African American
 Hawaiian/Pacific Islander White Other: _____

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

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.*

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 completed application to: **Kenosha County Youth As Resources
 19600 - 75th Street, Suite #2
 Bristol, WI 53104**

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

Please list present and previous experience:

Boards/Committees/Clubs:

Activities/Hobbies/Volunteer:

Please answer the following questions:

What personal attributes do you feel you could bring to the Youth as Resources Board?

Why is serving on the Youth as Resources Board important to you?

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

KENOSHA COUNTY YOUTH AS RESOURCES

Kenosha County UW-Extension
19600 – 75th Street, Suite #2
Bristol, WI 53104
262-857-1945
262-857-1998 (FAX)



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