

YOUTH AS RESOURCES

Youth Advisory Board Application

(Utilizing the "TAB" function on your keyboard will allow you to easily move from one field to another)

Name:

Home address:

Email address:

Phone number(s): Home Cell Other

Preferred method of contact: (select one)

If other, please specify

School: (select one)

If other, please specify

Grade: (select one)

Age: (select one)

Parent/Guardian Information

Name(s):

Phone number(s): Cell Work Other

Email address:

YAR Questions

What is your understanding of the Youth As Resources program?

How did you find out about YAR?

What leadership experience do you have that will benefit YAR?

What are some needs you may have that YAR can help enhance?

In your opinion, what are the biggest problems youth in your community face?

Why do you think these problems are so prevalent?

What are some practical ways to help youth solve these problems?

What needs do you see in your community?

What would you do to change some of those needs, if given the chance?

Finally, please describe your dream house! (Given, this is a very random question for an application, but it will give you a chance to talk about you!)

Legal Stuff

For each of the following please indicate YES or NO

Have you ever been charged with or convicted of a matter involving child abuse, neglect, or any form of sexual misconduct with a minor?

YES NO

Has your driver's license ever been suspended or revoked? YES NO

Is there any other fact or circumstance which might call into question the appropriateness of your being entrusted with the supervision of or interaction with young people? YES NO

If you answered "YES" to any of the above questions, please explain here.

The information provided in this form is correct to the best of my knowledge. I understand that by clicking on the box below and typing my name, I authorize verification of this information through communication with any person or organization named herein and/or any agencies deemed necessary. I release from liability any person or organization which

provides such information, as well as Youth As Resources, Pawnee Mental Health Services, and its boards.

Should I be accepted for service, I agree to maintain personal propriety in my conduct so as not to cause discomfort or give scandal to those whom I serve and with whom I work. I understand that failure to do so will serve as sufficient grounds for possible dismissal from service.

Check the box if you agree to the terms listed above.

Youth Name: Date:

Parent/Guardian Name: Date: