



# BUFFALO COUNTY YOUTH ADVISORY BOARD APPLICATION

Buffalo County Youth Advisory Board is a youth based, youth led, youth driven board that provides grant funds to youth organizations for the betterment of Buffalo County communities.

➤ BCYAB is looking for youth that want to make a difference in their community and county. Selections to the board will not be based on school involvement (or lack of) and “normal stereotypes”. Reviewers are open-minded and non-discriminatory to all applicants.

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

**AGE:** \_\_\_\_ **GRADE:** \_\_\_\_ **GRADUATION YR:** \_\_\_\_ **SCHOOL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**WHAT IS THE BEST WAY TO CONTACT YOU (email, phone, cell, etc.):** \_\_\_\_\_

**WHEN IS THE BEST TIME TO CONTACT YOU:** \_\_\_\_\_

**IN CASE OF AN EMERGENCY, PLEASE CONTACT:** \_\_\_\_\_

**EMERGENCY NUMBER:** \_\_\_\_\_

**REFERRED BY, if applicable:** \_\_\_\_\_

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## A. AREAS OF INTEREST:

1. What are your hobbies/special interests? What do you like to do in your free time?\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you participate in any extra-curricular activities? If so, please list. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What would you like to be as an adult? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What are your concerns about Buffalo County? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. If you could be a color what would it be and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any activities/jobs/responsibilities (school, church, and family) that may conflict in attending BCYAB meetings? What days and times are best for you to meet? Will transportation to and from BCYAB meetings and activities be a problem for you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. WHY BCYAB:**

1. What do you know about Buffalo County Youth Advisory Board (BCYAB)? How did you hear about BCYAB? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why do you want to become an Advisory Board Member? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you think you could contribute as an Advisory Board Member? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**C. SIGNATURE SECTION (to be completed by parent/guardian):**

If the listed participant is selected to be a “Buffalo County Youth Advisory Board” Member, I give my permission for the participant to engage in all functions related to their Board Membership. As the parent or legal guardian of this participant, I grant permission to the adult board members to act on my behalf for the listed participant in granting permission for evaluation/treatment of a minor medical problem. I understand that should a major medical problem arise, I will be notified by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary, including x-ray examinations and anesthesia to be rendered to the said participant by a licensed physician(s).

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**D. SIGNATURE SECTION (to be completed by applicant):**

**If elected as a Member of “Buffalo County Youth Advisory Board,” I agree to follow through with my responsibilities as a member during my one-year term (*June- May*). If I fail to meet my responsibilities, I agree to maintain the integrity of the Board by agreeing to terminate my position. I will also hold the sponsoring agencies, their funding sources, staff or successors-in-interest harmless from liability due to any accident or injury to myself during a Board meeting or event.**

**I agree to attend monthly board meetings of the Buffalo County Youth Advisory Board. They meet the 3<sup>rd</sup> Sunday of every month from 3:00 – 5:00 p.m. during the school year and 3<sup>rd</sup> Friday’s from 12:00 – 2:00 p.m. during the summer.**

**All applicants will be required to participate in an interview process with the board of directors in June and January and if selected as a new board member will begin their term in the fall.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE RETURN THIS COMPLETED APPLICATION BY JUNE 1, 2009 TO:**

*Denise Zwiener  
Buffalo County Community Partners  
PO Box 1466  
Kearney, NE 68848-1466  
Ph. (308) 865-2280  
FAX (308)865-2948  
[dzwiener@bcchp.org](mailto:dzwiener@bcchp.org)*

*If delivering application:  
1755 Prairie View Place (Richard Young Hospital)*

# CONSENT TO PHOTOGRAPH

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_



I (We) hereby authorize Buffalo County Community Partners and Buffalo County Youth Advisory Board, in Kearney, Nebraska, to arrange for photographs and/or motion pictures to be taken of \_\_\_\_\_ and to use (my/his/her) name in connection with any such photographs and/or motion pictures, or in connection with any news release or story; and further, to use and distribute for publication any and all of such photographs, news releases or stories for any purpose or purposes it may deem proper, including, but not limited to, publicity or educational purposes.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of person being photographed

\_\_\_\_\_  
Signature of parent, guardian or authorized representative

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Relationship to person being photographed