

DUE: June 1, 2012



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: _____

PARENT/GUARDIAN PHONE: _____

PARENT/GUARDIAN EMAIL: _____

AGE: _____ **GRADE:** _____ **GRADUATION YR:** _____ **SCHOOL:** _____

HOME PHONE: _____

CELL 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:

NAME / RELATIONSHIP: _____

NUMBER _____

REFERRED BY, if applicable: _____

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? _____

C. PERSONALITY:

Please mark the personality that you feel best describes you.

- ___ **Affiliation** (Helpful; Warm; Cooperative)
- ___ **Commitment** (Conscientious; Loyal; Dedicated)
- ___ **Decisiveness** (Logical; Directive; Organized)
- ___ **Dependability** (Thorough; Hardworking; Responsible)
- ___ **Drive** (Energetic; Assertive; Confident)
- ___ **Energy** (Action-Oriented; Energetic; Realistic)
- ___ **Enthusiasm** (Friendly; Outgoing; Enthusiastic)
- ___ **Idealism** (Original; Values-Focused; Caring)
- ___ **Imagination** (Lively; Charismatic; Encouraging)
- ___ **Ingenuity** (Pragmatic; Realistic; Adaptable)
- ___ **Initiative** (Perceptive; Adaptable; Clever)
- ___ **Integrity** (Insightful; Inspiring; Creative)
- ___ **Logic** (Analytical; Intellectual; Ingenious)
- ___ **Responsiveness** (Warm; Supportive; Friendly)
- ___ **Sensitivity** (Low-key; Flexible; Modest)
- ___ **Vision** (Independent; Individualistic; Visionary)

Adapted from Meyers-Briggs Type Indicator

D. 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: _____

E. 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 3rd Sunday of every month from 3:00 – 5:00 p.m. during the school year and 3rd 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: _____

PLEASE RETURN THIS COMPLETED APPLICATION TO:

Buffalo County Community Partners

PO Box 1466

Kearney, NE 68848-1466

Phone (308) 865-2284

Fax (308)865-2948

info@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