



## Buffalo County Youth Advisory Board Application

Application open May - August

5 Active Youth Advisors will be selected from each Buffalo County school. Students who attend school from home will be considered one school. After those 5 positions are full, any additional applicants from the school will be reserved for vacancies.

Fill out the form below to start your application for the Youth Advisory Board. Please complete all forms on website and submit with application. We look forward to meeting you!

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Pronouns \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Phone(s) \_\_\_\_\_

Parent/Guardian Email(s) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Emergency Contact Relation \_\_\_\_\_

Please list any allergies

\_\_\_\_\_

By who were you referred/where did you learn about YAB?

\_\_\_\_\_



Why do you want to join the Youth Advisory Board?

What do you think you could contribute as a Youth Advisory Board member?

Who is your trusted adult at school?

What are your hobbies/special interests? What do you like to do in your free time?

Do you participate in any extracurricular activities? If so, please list.

What would you like to be as an adult?

What is your favorite thing about living in your community?



What is something you would change about your community?

What would you recommend for snacks at meetings?

Mark three of the following personality traits that best describe you:

Affiliation (Hopeful, Warm, Cooperative)

Commitment (Conscientious, Loyal, Dedicated)

Decisiveness (Logical, Directive, Organized)

Dependability (Thorough, Hardworking, Responsible)

Drive (Energetic, Assertive, Confident)

Energy (Action-Ordered, 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)



My electronic signature below confirms that

- 1) All information entered in this application is correct to the best of my knowledge
- 2) I understand that YAB meetings are held once per month from August-May, usually on the 3rd Sunday of the month, and that my attendance is mandatory to remain an active advisor on the board.

Electronic Signature of Applicant

**\*\*IMPORTANT\*\***

**THIS APPLICATION IS NOT COMPLETE AND WILL NOT BE ACCEPTED WITHOUT A SIGNED COPY OF**

- 1) THE YOUTH ADVISORY BOARD ACTIVITY LIABILITY WAIVER RELEASE
- 2) YAB HANDBOOK

THESE FORMS CAN BE DOWNLOADED AND VIEWED HERE: <https://bcchp.org/yab/>  
ONCE ALL 3 DOCUMENTS ARE COMPLETED AND SIGNED, PLEASE EMAIL A COPY ALONG WITH THE  
APPLICATION TO [YOUTH@BCCHP.ORG](mailto:YOUTH@BCCHP.ORG)