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# CITY- WIDE BOYS & YOUNG MEN OF COLOR INITIATIVE BREAKING BARRIERS AND DEVELOPING LEADERS

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## YOUTH LEADERSHIP COUNCIL APPLICATION 2019-2020

### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

Are you currently in school? ☐ Yes ☐ No Name of the school? \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Please select/list your username for each of the social media sites that you use below (Optional).

☐ Facebook: \_\_\_\_\_ ☐ Snapchat: \_\_\_\_\_

☐ Instagram: \_\_\_\_\_ ☐ Twitter \_\_\_\_\_

Are you available to attend bi-monthly council meetings? ☐ Yes ☐ No

If not, when will you need to be excused? How often? \_\_\_\_\_

### Parent/Guardian Information (If under 18 years of age)

Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Emergency Contact Information

\*\*\*In the event that a parent/guardian cannot be reached, please list person(s) to contact in case of an emergency\*\*\*

_____ Name	_____ Relationship to Youth	(____)_____ Home Phone	(____)_____ Cell Phone
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_____ Name	_____ Relationship to Youth	(____)_____ Home Phone	(____)_____ Cell Phone
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**Please answer the following questions. Feel free to attach an additional sheet of paper if you need more space to write.**

1. Why do you want to serve as a member of the Boys and Young Men of Color Youth Leadership Council?

2. What do you expect to gain from the Youth Leadership Council?

3. What do you feel are the three biggest concerns youth in Buffalo face today?

4. What are the best things about Buffalo? What would you change?

5. Please tell us about your interests and extracurricular activities?

6. What skills and abilities would you bring to the Boys and Young Men of Color Youth Leadership Councils?



**Application can be completed online at [www.breakingbarriersbuffalo.org](http://www.breakingbarriersbuffalo.org) OR  
Application can be mailed to: Say Yes Buffalo, 712 Main St., Buffalo, NY 14202  
Application can be faxed to: 716.768.1449  
For questions, please call 716.389.1957  
OR Email: [info@BreakingBarriersBuffalo.org](mailto:info@BreakingBarriersBuffalo.org)**

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## CONSENT FORM

I, \_\_\_\_\_, am interested in becoming a member of the 2019-2020 Boys and Young Men of Color Youth Leadership Council.

If selected, I understand the following:

\_\_\_\_\_ I am responsible for my own transportation to and from any Boys and Young Men of  
(Initial) Color Youth Leadership Council meetings and/or events

\_\_\_\_\_ I must attend 75% of monthly meetings throughout the service term to remain on the  
(Initial) council (only miss three (3) meetings)

\_\_\_\_\_ I am to participate in at least one (1) leadership opportunity, as presented by youth  
(Initial) council staff

\_\_\_\_\_ I will be responsible for recruiting my replacement after one (1) year of service and remain  
(Initial) for an additional year as a peer mentor to my replacement (Two (2) year commitment)

\_\_\_\_\_ I am eligible for community service hours for my service on the youth council  
(Initial)

\_\_\_\_\_ I understand that the Boys and Young Men of Color Youth Leadership Council may  
(Initial) attract attention from the media and that I may be photographed or filmed during any meeting or event. Therefore, I hereby grant permission to use photographs, video recordings, or other electronic or printed communications of myself, if selected. I understand that such photographs, recordings or other communications may be used for public display or in other publications referencing the participation of individuals as members of the youth council.

\_\_\_\_\_ I understand that as a part of my participation, I may be given confidential information,  
(Initial) not ready for public dissemination. If selected, I understand that I cannot share this information without appropriate approvals.

X  
\_\_\_\_\_  
Signature of Applicant Date

X  
\_\_\_\_\_  
Signature of Parent/Legal Guardian Date



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