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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 2020-2021

### 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: \_\_\_\_\_

In which council meeting location are you interested in participating?

Bennett  East  Lafayette  South Park

Are you available to attend monthly council meetings?  Yes  No

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

### Parent/Guardian Information (If applicable)

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

**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 problems youth in Buffalo face today?

4. How do you want to change Buffalo?

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 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 2018 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 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  
(If under 18 years of age)

\_\_\_\_\_  
Date



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