Virual accommodations can be made for extenuating circumstances.					
Name:			_ Vouth	Adult	
Home Address:					
Phone:		Email:			
School (Youth)/Occupation (Adult)	:	Grade (8 th /9 th /10 th /11 th):			
Gender:	Prefer Not	to Say			
Ethnicity: 🛛 Hispanic/Latino	hnicity: Hispanic/Latino Non-Hispanic/Latino Prefer Not to Say				
Race: American Indian/Alaskar Hawaiian/Pacific Islande Prefer Not to Say		or Pacific Islander	 Black/African Other: 		
Do you need an accommodation to participate in the Youth As Resource Board?					
Photo Release : I hereby give and forever grant to the Board of Regents, University of WI System, d/b/a University of Wisconsin-Extension its educational and promotional materials and their successors and assigns, the right to use, publish and copyright my picture, portrait, moving image and recorded voice, in whole or part, including alternations, modifications, derivations and composites thereof, in educational programs and advertising and promotion of University programs. This right shall include the right to combine my likeness and voice with others and to alter my likeness, by digital means or otherwise, for the purposes set forth herein. I also understand that once my image is placed on a University of WI website, CD-ROM, or any other electronic device, the image may be viewed or used on or off-campus. I agree to indemnify and hold harmless and defend the University and all of its officers, employees and agents against any and all liability claims, costs of whatever kind and nature occurring in connection with or in any way incidental to or arising out of my actions for the University.					
Please review the board member description found in the board manual at <u>https://kenosha.extension.wisc.edu/youth/yar/</u> .					
I have read the Youth As Resources Board member description and am able to make a commitment to attend board meetings regularly. I understand that the above information is voluntarily supplied and may be used in the development of the Youth As Resources Board to ensure broad community representation.					
Applicant Signature	Date	Signature of Pare	nt/Guardian (if un	der age 18)	
This application may be emailed to <u>pamela.larson@wisc.edu</u> , faxed to 262-857-1998, or mailed/ dropped of to Extension Kenosha County, 19600 – 75 th Street, Suite #2, Bristol, WI 53104) by Tuesday, April 9, 2024 at 11:59pm. An online version of this application can be found by going to https://docs.google.com/forms/d/1rlebGMA-j_pCXn3nAwtiipDnJtoR14QaUy4T0Y3ctvs.					
Youth As Resources does not discriminate against anyone for reasons of race, color, gender/sex, gender identity, creed, disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental status, arrest or conviction record, or veteran status.					

This material and/or activity is not sponsored by KUSD or its personnel. This material and/or activity is not sponsored by any school, school district, or personnel of a school or school district in Kenosha County. Please list your current and previous experience with:

Boards/Committees

Club/Hobbies/Community Service

Please answer the following questions: What personal attributes do you feel you could bring to the Youth As Resources Board?

Why is serving on the Youth As Resources Board important to you?

Give an example of an issue you care about or problem you see in Kenosha County and what you would do to address it.

Why do you think it is important for youth to take charge in our community (such as on the Youth As Resources Board)?



Kenosha County Youth As Resources is a program of Extension Kenosha County in partnership with the United Way of Kenosha County.



United Way of Kenosha County