

### **SOAR Youth Leadership Team Application**

Be part of a team of youth who will work to make a real change in the Rochester community! The SOAR Youth Leadership Team works to reduce the rates of STIs and HIV/AIDS and unplanned pregnancies among youth in Rochester. As part of the team, you will have the opportunity to gain leadership skills, help plan teen events, go through training, advise adult committees, and be the voice for youth while having fun.

## Benefits of being part of the SOAR Youth Leadership Team

- Leadership Skill Development
- Service Learning/Community service Opportunities
- Event Planning Opportunities

- Community Advocacy
- Resume Building
- Receive a small stipend

2 Event rearring opportunities	Ticceive a small superior
Youth Name:	
Address:	
Phone:	
School:	
Birthday:	
Best time of day to contact you: ■ morning ■ afte	rnoon 🔳 evening
Best method of communication to contact you:   eta e	mail 📉 text 🔲 call
Tell Us About Yourself	
Why do you want to participate in SOAR and what ar	re you expecting to learn? 
What leadership skills have you demonstrated in you	ur school or community?
What is one thing you are passionate about.	
evening SOAR meetings and additional weekend actoring sold by the second second sold by the second sold sold sold by the second sold sold sold sold sold sold sold sol	-6 at 200 West Avenue. Meetings are mandatory.
Youth Signature	  Date Signed



### **Important Dates**

SOAR Application Due by August 28th Youth Interview September 7th Parent Orientation October 4th First day of SOAR October 16th

#### **Send Applications to:**

Email applications to: RISE@cityofrochester.gov Mailing address: RISE CAPP Danforth Community Center, 200 West Avenue, Rochester, NY 14611

Date Signed

Phone: 585-428-1288

#### **Additional Information**

- Transportation to and from meetings and events will not be provided. Bus passes are available.
- Applicants must live or be civically engaged within the City of Rochester.
- All applicants will be considered regardless of race, color, gender, sexual orientation, national origin, disability or size.
- If interested, complete this application and submit to: RISE SOAR Program, Department of Recreation and Youth Services, 200 West Avenue, Rochester NY 14611 or email to RISE@cityofrochester.gov.

# Parent/Guardian Information

Parent/Guardian Signature

Full name of youth parent/guardian: Address:
Phone:
Email address:
Best time of day to contact you: 🔲 morning 🔲 afternoon 🔲 evening
Best method of communication to contact you: email text call
Please initial:
I understand that I will be required to attend a mandatory parent orientation scheduled on October I give consent for my youth to ride the bus, as well as receive transportation from MCTP Youth
Development Staff and The City of Rochester REC staff.
I also consent for pictures and audio of my youth to be taken. Additionally, I consent for my child to
participate in a video public service announcement projects and speak to the media about teen
pregnancy.
I understand that my youth will be expected to attend weekly SOAR meetings on Tuesdays from
3:00-5:30 PM, as well as additional evening and weekend events as needed.
I have signed the Highland Family Planning Photo Release Form that is attached.
City of Rochester, NY Lovely A. Warren, Mayor Rochester City Council STINITE FOR DICELLENCE  THE TOTAL STINI