



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 trainings, advise adult committees, be the voice for youth, and have 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 Builder
Receive a Small Stipend

Youth Interviews:

Wednesday, September 13th, 2017

Time: 4-6pm.

Location: 115 South Ave.
2nd floor conference room
(Rundel Library)

Parent Orientation:

Wednesday, September 27th, 2017

Time: 6-8pm

Location: 115 South Ave.
2nd floor conference room
(Rundel Library)
(Dinner and child care will be provided)

Please complete the attached application and return to the address below **by August 25th 2017:**

Bureau of Youth Services
Rundel Memorial Library
115 South Avenue 3rd Floor
Rochester, NY 14604
or

[Jenna Weintraub@CityofRochester.gov](mailto:Jenna.Weintraub@CityofRochester.gov)

Youth 1

Name: _____

Address: _____

Phone #: _____

Email: _____

School: _____

Birthday: _____

Are you available Wednesdays after School? Yes or No**Youth 2 (If sibling is applying)**

Name: _____

Address: _____

Phone #: _____

Email: _____

School: _____

Birthday: _____

Are you available Wednesdays after School? Yes or No**I would like to join SOAR because:**

Parent/ Guardian Information**Parent/Guardian Name:** _____**Phone #:** _____ **Email:** _____**Best time of day to get in touch with you (mornings, afternoons, evenings)** _____**Best method of communication to get in touch with you (email, text, call):** _____**(Please initial)**

____ I understand that I will be required to attend a mandatory parent orientation schedule on September 27th 2017 from 6pm-8pm should my child be selected. (Child care and dinner will be provided)

____ I give consent for my child to ride the bus, as well as receive transportation from MCTP Youth Development Staff & the City of Rochester Bureau of Youth Services staff.

____ I also consent for pictures and audio of my child 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 child will be expected to attend weekly SOAR meetings on Wednesdays from 3:00 – 5:30 PM, additional trainings and events as needed.

Parent/Guardian Signature_____
Date