

Youth Pride, Inc.
Board of Directors Application

**Thank you for considering membership on the Youth Pride, Inc. Board of Directors.
We appreciate your taking the time to fill out this application.
Your answers will be held in confidence.**

A committee member will contact you for an interview upon receipt of the completed application. The interview will give you an opportunity to amplify and explain your answers, tell us about your ideas and vision for YPI, and question Board members and young people about the organization.

* Please feel free to comment on the use of language in this application. We have attempted to be inclusive and appreciate feedback.

PERSONAL INFORMATION

Full Legal Name _____ Preferred name, if any _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail address _____

Cell Phone _____ Work Phone _____

Is it okay to contact you at work to discuss YPI business? Y _____ N _____

Employer/School _____

REFERENCES

Please provide the following information for one personal and one professional reference.

Personal Reference

Name _____

Affiliation _____

Contact Info (phone and e-mail) _____

Professional Reference

Name _____

Affiliation _____

Contact Info (phone and e-mail) _____

As a member of the YPI Board, you will be asked to make the following core commitments, an estimated total of 3-5 hours per month:

- Attendance at all monthly Board meetings (First Thursdays 6-8 pm)
- Active participation on at least one standing committee (typically one evening meeting per month)
- On a rotating basis, attendance at events of which YPI is a sponsor or beneficiary
- On a rotating basis, attendance at community events/meetings as YPI representative
- Active participation in planning and implementation of fundraising and networking activities
- Planning and hosting of periodic (bi-annual) House Parties
- Meaningful personal financial contribution- Either participating at the major donor level *or organizing a fundraiser or other event to bring in equivalent.*
 - Major donors are defined as any individual who supports YPI on an annual basis with a charitable donation of \$500 (\$42/month) or more.
- Participation in annual Board retreat (one day)
- Active involvement for a three-year term

1. Can you commit to these terms? Which, if any, would be most difficult for you?
2. Why would you like to be a member of the YPI Board? How are you already involved at YPI?
3. What experience do you have working on gay/lesbian/bisexual/transgender/queer or youth issues?
4. Have you served on other boards? If so, what did you particularly like and/or dislike about the experience?
5. Please describe any special interests or talents you would bring to the organization.
6. Have you ever been arrested for or charged with a felony? If yes, please explain.
7. Please feel free to add anything else that will help us review your candidacy.

All Board members must submit to a criminal background check (BCI). Please complete the attached form and return it to the police station in the city or town in which you live.

8. YPI is committed to ensuring that Board seats are filled by individuals who have a variety of areas of expertise and that the Board reflects the demographics of the young people we serve. Please indicate which of the following reflects your skills, experience, and self-definition. Check all that apply.

Skill Sets

- ____ Community organizing/activism
- ____ Volunteer management
- ____ Development/Fundraising
- ____ Financial Management/Accounting
- ____ Legal
- ____ Media/Communications
- ____ Corporate Leadership
- ____ Business Management
- ____ Academia
- ____ Non-profit management
- ____ Event planning
- ____ Board development
- ____ Organizational development
- ____ Team Building
- ____ Strategic Planning
- ____ Marketing/Sales
- ____ Program development
- ____ Human Resources
- ____ Facilities/Real Estate
- ____ Technology
- ____ Other (please specify) _____

Demographics/Self-Identity

(Optional but appreciated)

Gender M F T

Age 13-23 ____ 24-39 ____
40-59 60+ _____

Sociocultural/Racial/Ethnic

Black/African/African-American
 Asian/Pacific Islander
 Hispanic/Latino (a)
 Native American
 Indian
 Caucasian
 Cape Verdean
 Other (specify) _____

Sexual orientation

Languages spoken:

Signature

Date

Please return completed form to your contact person or to:

Youth Pride Inc 743 Westminster Street Providence, RI 02903

Health Pride, Inc. 745 Westminster Street
Attention: Board Development Committee

Updated 01/03/22