



SEXUALITY OUTREACH
ADVOCACY & RESOURCES

Youth Leadership Team Application

Be part of a team of youth who 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 pregnancy among youth in Rochester. As part of the team you will have the opportunity to gain leadership skills, help plan events for teens, go through trainings, advise adult committees, be the voice for youth, and have FUN!

Open to youth ages 13 – 18 years old

WHY APPLY

Benefits of being a SOAR Youth Leader

- Leadership Skill Development
- Service Learning/Community Service Opportunities
- Event Planning Opportunities
- Community Advocacy
- Resume Builder
- Receive a Small Stipend

HOW TO APPLY

Complete the attached application and return it to: RISE@cityofrochester.gov

Due by:

July 31st, 2023

(You can scan, take a picture, or screenshot the application – as long as we are able to read it.)

MEETING TIMES

Tuesdays after school, beginning 09/19/2022

57 St. Paul Street

4:00 PM – 6:00 PM

FOR QUESTIONS OR MORE INFORMATION

Please contact:

Kamilah Murray, Health Educator

Phone: 585-629-7271 (can call or text)

Email: Kamilah.murray@cityofrochester.gov



City of Rochester, NY
Malik D. Evans, Mayor
Rochester City Council



DRHS Department of
Recreation and
Human Services





Youth Leadership Team Application

APPLICANT Information:

Name: _____ Email: _____

Age: _____ Address: _____

Phone #: (_____) _____ - _____ Ok to call? YES / NO Ok to text? YES / NO

School: _____ Grade: _____

Available on Tuesdays After School? (Circle) YES / NO Time you get out of school _____

Activities you are involved in (sports, clubs, other jobs...): _____

Social Media Accounts: (app/username) _____ / _____

_____ / _____

_____ / _____

List at least 3 skills and talents you bring to the SOAR Team. _____

List at least 3 ways you would like to grow while on the SOAR Team. _____

GUARDIAN Information:

Name: _____ Email: _____

Phone #: (_____) _____ - _____ Ok to call? YES / NO Ok to text? YES / NO

Best time of day to get in touch with you (mornings, afternoons, evenings) _____

I consent to my child, _____, participating in the SOAR Youth Leadership Team. I give consent for my child to ride the bus, as well as receive transportation from MCTP Youth Development & 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 video public service announcement projects. I understand that my child will be expected to attend weekly SOAR meetings Tuesdays from 4:00 – 6:00 PM, additional trainings and events as needed.

Guardian Signature

Date

Youth Signature

Date

RETURNING APPLICATIONS

Please return complete application & signed agreement via email to:

RISE@cityofrochester.gov