QYRC BOARD MEMBERSHIP APPLICATION			
APPLICANT INFORMATION			
Preferred Name:		Pronouns:	
Legal Name:		Date of Birth:	
E-mail:		Phone:	
Current Address:			
City:	State:	ZIP Code:	
EMPLOYMENT INFORMATION			
Current Employer:			
Employer Address:		Start Date:	
Phone:	E-mail:	<u> </u>	
City:	State:	ZIP Code:	
VOLUNTEER INFORMATION			
Agency:	Role:	Duration:	
Agency:	Role:	Duration:	
Agency:	Role:	Duration:	
EDUCATIONAL BACKGROUND			
School: Degree(s) Held:			
Currently Enrolled	Field of Study:		
REFERENCES			
Name	E-mail	Phone	
SPECIAL SKILLS			
For Profit Work	Legal	Accounting	
Marketing	Graphic Design	Social Services	
Human Resources	Development	Board Officer	
Program Development	Medical	List Others Below:	
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EXPERIENCE IN SPECIAL POPULATIONS			
Lesbian	Transgender	Youth	
Gay	Gender-nonconforming	LGBTQ+ Youth	
Low-income	Racial/Ethnic Minorities	Underrepresented Youth	
Other:			

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WHY ARE YOU INTERESTED IN BOARD SERVICE?		
SIGNATURES		
I am committed to the mission of QYRC:		
QYRC shall be committed to the mission of serving lesbian, gay, bi, pan, trans, nonbinary, intersex, asexual/aromantic, queer, and questioning (LGBTQ+) youth ages 12 to 24 and their allies in Vancouver and the greater Southwest Washington area. The specific purpose of QYRC shall be to promote or provide, for public benefit, safe and accepting environments, recreation and enrichment opportunities, and important resources for these LGBTQ+ youth and allies.		
I am committed to upholding the non-discrimination policy of QYRC:		
The business and activities QYRC shall be open for participation to all people, regardless of their sexual orientation, sex, gender identity, gender expression, marital status, race, ethnic group, national origin, religion, creed, socio-economic condition, or ability.		
I consent to receive and engage in electronic communications during my duties with QYRC, understanding that I may revoke or amend consent at any time:		
Preferred Email:		
I consent to receive and engage in communications via	Facebook.	
I authorize the verification of the information provided on this form as true to the best of my knowledge.		
Applicant Signature:	Date:	