

# GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED



January 2019

Dear Potential Board Member:

I would like to invite you to serve in a volunteer capacity for United Way of Long Island's DREAMS for Youth Advisory Board. At United Way, we value the commitment of young people to serve, and appreciate your dedication to improving the lives of your peers on Long Island so they can pursue their dreams and aspirations.

Based on the belief that financial need should not be a barrier to achieving one's potential, the mission of DREAMS is to provide scholarships and grants in two distinct areas: Academic and Enrichment. As a board member, you will be given the opportunity to not only help your peers by making their dreams come true; you will also gain experience in public speaking, team building, and the opportunity to work with your peers and professionals in the non-profit sector. The board is comprised of young people like you in grades 7- 12, and college students who find volunteering to be a rewarding experience, both personally and professionally.

The Board meets one to two times per year on Saturday mornings. You will be provided with at minimum 1 months' notice of the meetings. At these meetings the student Board members are broken into groups and are tasked with reviewing the DREAMS for Youth scholarship applications and making funding recommendations.

Please complete the enclosed application and return it to [Trivers@Unitedwayli.org](mailto:Trivers@Unitedwayli.org) or via fax at (631)940-2554 at your earliest convenience. We look forward to hearing from you. Thank you once again for your interest in becoming a DREAMS for Youth Advisory Board member.

Sincerely,

*Trish Rivers*

Trish Rivers  
Community Impact

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## DREAMS for Youth Advisory Board Application

### Personal Information

Date Completed: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

### Education

Middle/High School/College \_\_\_\_\_ Current Grade \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### References

Please list two professional or educational references.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about volunteering with United Way of Long Island?

Newspaper

United Way Website

School

Friend/ Family

Other \_\_\_\_\_

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## **Applicant and Parent/Guardian Disclosure**

I, \_\_\_\_\_ attest that all of the information provided in this application is complete, factually correct and honestly presented. I understand that if any of the information is found to be false, this may result in disqualification of being a DREAMS for Youth Advisory Board Member.

Meetings will be held at the United Way of Long Island office in Deer Park. Transportation to and from the meetings is the responsibility of the DREAMS for Youth Advisory Board member.

While we assume there is no objection on your part to the use of your name and photos in connection with United Way of Long Island's activities, the law requires your written consent. It is understood that your signature below provides that consent.

I understand that my signature below attests to the above, and I agree to adhere to these terms.

If the applicant is under the age of 18, an additional signature of parent or guardian is required.

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**Applicant Signature and Date**

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**Parent/Guardian Signature and Date**

**Please address application to:**

**Trish Rivers, Community Impact**  
**United Way of Long Island, 819 Grand Boulevard, Deer Park, NY 11729**  
**Phone: 631.940.3719      Fax 631.940.2554      Trivers@Unitedwayli.org**