



Youth Services Quality Council of Rochester & Monroe County

The undersigned organization agrees to become a member of the Youth Services Quality Council (YSQC) of Rochester and Monroe County to work on improving the quality of life and the delivery of services to youth and their families.

AS A MEMBER ORGANIZATION, WE AGREE TO SUPPORT THE VISION, MISSION, EXPECTATIONS AND OPERATING FRAMEWORK/PRINCIPLES OF THE COUNCIL DESCRIBED HEREIN:

Vision Statement: The YSQC is the leader in advancing development of youth service professionals.

Mission Statement: The YSQC cultivates a robust network of youth service professionals through innovative, culturally intelligent professional development, empowering members for impactful collaboration and contributing to the continuous improvement of Monroe County youth-serving organizations.

Expectations

- A. Responsibility of the **members to the Council** includes:
1. Consistent and appropriate member representation at the council and work team meetings.
 2. Commitment to the YSQC Vision and Mission.
 3. Sharing of expertise with other YSQC members.
 4. Willingness to be open to creative ideas and ways of doing things better and/or different.
 5. fully participate on the Council and assign appropriate staff to Council Subcommittee Teams as needed, in order to carry out the work of the Council.
 6. Provide encouragement and support of new member involvement.
 7. Prompt, consistent communication regarding council activities and issues to be addressed/explored with the member organization's staff.
- B. Responsibilities and provisions of the **Council to its members** include:
1. Prompt, consistent communication regarding Council activities and issues to be addressed and/or explored with organizational members and participants.
 2. Provide training opportunities.
 3. Recognition and acknowledgement of organizations for their involvement and commitment.
 4. Sharing expertise and resources among YSQC members.
 5. Collective accesses to and impact on key decision-makers.
 6. Collective response to address and impact youth issues in the community.

Return the signed agreement with membership dues payable to: CCSI/YSQC at YSQC Membership, P.O. Box 30273, Rochester, NY 14603.

The Administration and Staff of _____ (Agency) supports the YSQC Vision, Mission, Expectations and Operating Principles and commits to actively participate on the Youth Services Quality Council of Rochester and Monroe County and selected committees.

Organization/Agency Liaison Signature: _____ Date _____

Building a Better Community with Youth & Families



Youth Services Quality Council of Rochester & Monroe County

Youth Services Quality Council
P.O. Box 30273
Rochester, NY 14603

INVOICE FOR MEMBERSHIP DUES April 2024 - March 2025

Organization Name: _____

Organization Address: _____

Please provide Name(s)/Email Address(es) of agency staff attending YSQC Events (Print additional page if more spaces are required):

Name Email

Name Email

Name Email

Name Email

Amount: ☐ \$250/Organizations with annual budget under \$500k
☐ \$350/Organizations with annual budget at or over \$500k
☐ \$60/Individuals

***** You must check a box below to indicate your method of payment****

- ☐ Our agency is paying through PayPal
☐ Our agency is paying by check

Please Make Check Payable to: YSQC/CCSI

Attention: YSQC Membership
P.O. Box 30273
Rochester, NY 14603

Please return a copy of this invoice, with your check, to:

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