

Arlington Partnership for Children, Youth, and Families Roles and Responsibilities Agreement for Board-Appointed Community Members

Mission: APCYF's mission is to improve the health, well-being and safety of children, youth and families guided by the Developmental Assets Framework. We collect and analyze data, identify community needs, engage the community and advocate for improved policies, programs and resource allocations.

Roles and Responsibilities:

I understand that I am appointed to APCYF for a two-year term and that I serve at the pleasure of the Boards. I may be reappointed for up to six (6) consecutive years of service.

- I commit to attending monthly board meetings. I will review the agenda of the meetings ahead of time and provide comment if needed when I cannot attend.
- If I miss three or more APCYF meetings in a calendar year, I will review my commitment with the Chair or Vice-Chair.
- I will play an active role on at least one ongoing committee or workgroup.
- I will hold myself accountable for doing what I say I am going to do.
- I will continue to build skills around Developmental Assets and advocacy.
- I will represent APCYF and advocate for its mission throughout the community.

Communications:

- I will be respectful and thoughtful while listening and speaking.
- I will contribute to a safe meeting environment.
- I recognize that email is our primary mode of communications and that it is my responsibility as a sender and as a receiver to ensure that the necessary connection is made.
- I will keep myself informed by reading e-mails, meeting notes, or visiting the website.
- If I have questions or concerns, I will address them by contacting the Chair, Vice Chair or Coordinator.

Decisions:

- I understand that if a quorum is met (8 appointed and 4 designated members), APCYF may use consensus or voting to make a decision.
- If I am not in attendance, I will abide by APCYF decision.

In addition to these agreements, I also am able to help further the mission by:

Name: _____

Signature: _____ Date: _____

Arlington Partnership for Children, Youth, and Families
Roles and Responsibilities Agreement
for Arlington County Government (ACG)/Arlington Public Schools (APS)
Designated Members

Mission: APCYF’s mission is to improve the health, well-being and safety of children, youth and families guided by the Developmental Assets Framework. We collect and analyze data, identify community needs, engage the community and advocate for improved policies, programs and resource allocations.

Roles and Responsibilities:

I understand that I am designated to APCYF as a part of my position within the County or Schools.

- I commit to attending monthly Board meetings. I will review the agenda of the meetings ahead of time and provide comment if needed when I cannot attend.
- I will play an active role on at least one ongoing committee or workgroup.
- I will hold myself accountable for doing what I say I am going to do.
- I will continue to build skills around Developmental Assets and advocacy.
- I will represent APCYF and advocate for its mission throughout the community.

Communications:

- I will be respectful and thoughtful while listening and speaking.
- I will contribute to a safe meeting environment.
- I recognize that email is our primary mode of communications and that it is my responsibility as a sender and as a receiver to ensure that the necessary connection is made.
- I will inform my ACG/APS colleagues of pertinent information coming from APCYF and vice versa.
- I will keep myself informed by reading e-mails, meeting notes, or visiting the website.
- If I have questions or concerns, I will address them by contacting the Chair, Vice Chair or Coordinator.

Decisions:

- I understand that if a quorum is met (8 appointed and 4 designated members), APCYF may use consensus or voting to make a decision.
- If I am not in attendance, I will abide by APCYF decision.
- I recognize that for some votes I may need to recuse myself.

In addition to these agreements, I also am able to help further the mission by:

Name: _____

Signature: _____ Date: _____