

APPLICATION FOR THE STATE YOUTH ADVISORY BOARD

NAME: _____ DOB: _____

ADDRESS: _____ CONTACT PHONE # _____

CITY: _____ ZIPCODE: _____

EMAIL ADDRESS: _____

REGION: Jackson Northwest Northeast St. Louis Co. St. Louis City Southeast Southwest
(circle one)

Are you currently enrolled in High School: _____ College: _____ GED: _____

Name of school: _____

What extracurricular activities are you involved in? _____

Name of employer (if employed): _____

How long have you been a member of your Area Youth Advisory Board? _____

Describe your current placement: _____

How has this placement been helpful to you in becoming more independent? _____

What are your short-term (less than six months) goals in life? _____

What are your long-term goals in life? _____

How does the Older Youth Program and Children's Division benefit you? _____

What are your expectations to being on the State Youth Advisory Board (SYAB)? _____

How can the SYAB benefit from selecting you as a member? _____

Would you be willing to speak at meetings with Juvenile Court staff, legislators, and other community representatives? Yes or No

Would you be willing to facilitate or co-facilitate a workshop at a state seminar or conference? Yes or No

What qualities do you think a SYAB member should possess? _____

SYAB meetings are held approximately 4-6 times annually on the weekends in the central part of the state. Are you willing to commit to the board and attend these meetings? _____

SYAB hosts a youth conference that is normally held in the central part of the state. How much time would you be willing to commit and how would you assist with the youth conference? _____

If selected as a board member, would you be willing to make a one-year commitment? Yes or No

Additional comments or information that may be helpful in considering your application: _____

Please attach 2 or 3 reference letters or statements of support to this application for SYAB to review.

Thank you!