**Youth Advisory Council (YAC) Membership APPLICATION**

Please be sure to complete the application in its entirety. Electronic application and nomination forms can be found at [uchoosebaltimore.org/yac](http://www.uchoosebaltimore.org/yac). Submit your completed paper application to the address below by **Sunday, October 31, 2021 at 5PM**:

Baltimore City Health Department ATN: **Cassandra Shaw**

1200 E. Fayette Street

Baltimore MD 21202

**About the Youth Advisory Council**

The Youth Advisory Council (YAC) started in 2010 to place youth voices at the center of the *U Choose* campaign, dedicated to improving youth sexual health and evidence-based programs promoting youth health and wellness as a part of the B’more for Healthy Babies initiative. Since its creation, YAC members have met regularly to provide young people’s insights to inform BCHD programs, serve as peer health educators and advocates for their communities, and engage other youth and youth advisory groups to promote the health and wellbeing of Baltimore City’s youth and young adults.

As a part of YAC, members receive professional development trainings and resources, including skills in facilitation and public speaking, and education on healthy relationships and sexual health. In addition to getting paid for their role, members have opportunities to serve as mentors and receive mentorship from their peers, and form lasting relationships with community health leaders in Baltimore City.

**Eligibility**

To join YAC, members must be:

* A Baltimore City resident
* Between 14-20 years old
* Have permission from a parent/guardian to participate (if under 18 years old)
* Available to attend meetings on every other Thursday from 4:30-5:30 pm during the school year
* Able to attend the YAC Orientation series on December 2, 9, 16, 2021

**Term**

Minimum of 1 year of service.

**Youth Advisory Council (YAC) Membership APPLICATION FORM Continued**

**Selection Process**

A Selection Committee comprised of a current YAC member and the YAC Coordinator and Manager will schedule individual virtual interviews with each applicant. Selection of new members will be determined by the interview and submitted application or nomination form. Final decisions of new member selections will be made no later than November 30, 2021.

**How to Apply**

To be considered a candidate in the selection process, applicants must either submit a completed application or have a nominator submit the nomination form by the listed deadline. A completed online form or hard copy submitted to the Baltimore City Health Department will be accepted.

For nominations, the nominator can be a peer, teacher, mentor, or parent of the prospective member who knows the candidate well enough to answer the questions in the nomination form. Nominating prospective youth members by someone other than the prospective member can serve as a recommendation but also as a way to identify young people in community doing great work who might not necessarily think of themselves as leaders, or know about YAC. Middle/high school students generally have not gone through the process of applying for jobs or developing their resumes, so they may be shy when talking about their strengths. Nominators can talk in greater detail about their nominee’s accomplishments and their impact on the community.

**Youth Advisory Council (YAC) Membership APPLICATION** Continued

**Applicant Information**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

Pronouns (example: he, she, they):\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Phone Number ((xxx)-xxx-xxxx): (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any children?\*\* Yes\_\_\_\_ No\_\_\_\_

If YES, how old are they? \_\_\_\_\_\_\_\_

\*\*Childcare can be provided for YAC members with children.

**Parent/Guardian Information (if applicant is under 18 years of age)**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Phone Number ((xxx)-xxx-xxxx): (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) do they speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is at least one parent/guardian aware that you are applying to this council?

Yes\_\_\_\_ No\_\_\_\_

**Youth Advisory Council (YAC) Membership APPLICATION** Continued

**School Information**

Do you attend school?\*\*\* Yes\_\_\_\_ No\_\_\_\_

\*\*\*If you are not in school, you are still eligible for YAC.

If YES:

What is the school name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What grade will you be in in January 2022? \_\_\_\_\_\_\_\_\_

Are you a member of your school’s council or government? Yes\_\_\_ No\_\_\_\_

**Response Questions**

1. Are you a member of another local youth council? Yes\_\_\_\_\_ No\_\_\_\_\_

If YES, what is the name of the group(s) and what is your role?

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1. Are you a member of a national youth council? Yes\_\_\_\_\_\_ No\_\_\_\_\_

If YES, what is the name of the group(s) and what is your role?

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**Youth Advisory Council (YAC) Membership APPLICATION** Continued

1. About how many hours of community service did you complete in 2020?

Less than 5 hours\_\_\_\_\_\_\_ 5-25 hours\_\_\_\_\_\_\_\_ 25-75 hours\_\_\_\_\_\_ More than 75 hours\_\_\_\_\_\_

1. Can you commit to being an active member of the council through [December, 2021]?

Yes\_\_\_\_\_ No\_\_\_\_\_

1. How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Using bullet points, please list any additional national leadership roles/positions you have held or national service awards you have received. (include dates, names of awards, and your role titles)
3. If you have created your own website, or social media posts for your service work, please give the URL and/or handle or hashtag here:

**Youth Advisory Council (YAC) Membership APPLICATION** Continued

**Narrative Questions**

(Please answer each question in 2-3 sentences.)

1. Why do you want to be a part of the Youth Advisory Council?

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1. What do you hope to gain by being a member?

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1. What qualities can you bring to the Youth Advisory Council?

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1. What else do we need to know about you that we have not already asked that you would like to share?

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