



MARYLAND YOUTH ADVISORY COUNCIL

2015-2016 Application

Maryland Youth Advisory Council

In 2008, the Maryland Youth Advisory Council was established through the Maryland General Assembly to ensure that Maryland youth are given the opportunity to provide feedback and recommendations regarding public policies and programs that affect their future and to take a leadership role in creating meaningful change. By providing testimony in Annapolis and policy recommendations, council members have the opportunity to raise their voices and share their experiences with the Governor, State legislature, agencies, and other youth.

Council members will be expected to:

- Be active and passionate representatives of Maryland youth. Members must attend at least 50% of regular meetings. Any member who does not attend the required number of meetings may be removed from the Council;
- Identify and discuss issues facing youth in Maryland;
- Work with other council members to create strategies that address these issues;
- Serve as liaisons to other affiliated youth organizations and peers in his/her communities;
- Develop leadership skills;
- Meet other Maryland youth; and
- Have fun!

How to Apply:

If you would like to be a voice for youth in Maryland, please fill out the attached application. Council members must be 14-22 years of age on September 1, 2015. Members must serve a one year term (September 1 until August 30) and cannot serve more than two consecutive terms.

Council members are appointed by the Governor of Maryland, the President of the Maryland Senate, the Speaker of the Maryland House of Delegates, the Maryland Association of Student Councils, University System of Maryland Student Council, and the Maryland Higher Education Commission Student Advisory Council.

Council members will be selected with consideration towards gender, race, and geographic area to ensure a diverse representation of Maryland's youth statewide.

Application submissions must include:

1. Completed application;
2. One letter of recommendation; and
3. Resume.

If you have questions, please contact Christina Drushel Williams at christina.drushel@maryland.gov, 410-767-2547. The deadline for applications is **July 1, 2015**.

SEND COMPLETED APPLICATIONS TO:

Christina Drushel Williams
Program & Policy Specialist
Governor's Office for Children
301 West Preston St., Suite 1502
Baltimore, MD 21201
Christina.drushel@maryland.gov

MARYLAND YOUTH ADVISORY COUNCIL

2015-2016 Application

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: () _____ Other Phone: () _____

Email: _____

Age (as of September 1, 2015): _____

Parent /Guardian (if under 18):

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____

Name of School: _____

Type of School: Public Private Homeschooled

Year in School (during the 2015-16 school year): Freshman Sophomore Junior Senior

Enrolled in a GED or diploma equivalency program: Yes No

If not currently in school, when did you last attend: _____

1) Briefly explain why you would like to participate in the Maryland Youth Advisory Council and what contributions you would bring as a member.

2) Briefly explain what you hope to gain from your experience with the Maryland Youth Advisory Council.

3) What issues are you most passionate about and why? As a member of the Maryland Youth Advisory Council, how would you address these issues?

4) Describe a time when you found yourself in a leadership position and there was conflict or disagreement. How did you respond to the situation?

5) If you are selected, you will be expected to reach out to the youth you represent in your school and community. Please describe some ways you plan to engage your peers.

6) List any employment, activities, or groups that you plan to be involved during the year and describe how you will balance your commitment to the Maryland Youth Advisory Council and your other activities.

7) How did you hear about the Maryland Youth Advisory Council? (Check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Governor's Office | <input type="checkbox"/> MD Higher Education Commission | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> President of the Senate | <input type="checkbox"/> University System of Maryland | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Speaker of the House | <input type="checkbox"/> Current Council Member | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> MD Association of Student Councils | <input type="checkbox"/> Teacher/School Administrator | |

Pursuant to Maryland State Government Code, Annotated, §9-2701, you **may** consider providing the following information:

a. Gender: (Please check appropriate box)

- Male Female

b. Race/Ethnicity: (Please check appropriate box)

- | | | | |
|---|--------------------------|---|--------------------------|
| White, Non Hispanic | <input type="checkbox"/> | Black or African American, Non Hispanic | <input type="checkbox"/> |
| American Indian or Alaska Native | <input type="checkbox"/> | Asian | <input type="checkbox"/> |
| Native Hawaiian or other Pacific Islander | <input type="checkbox"/> | Hispanic | <input type="checkbox"/> |
| Other: _____ | | | |

c. Disability: (Please check appropriate box)

- Yes No

Please include one letter of reference (teacher, coach, pastor, advisor, professor, principal, etc.) and a resume.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____