



YouthMOVE Ohio

State Youth Advisory Council Application

YouthMOVE Ohio is currently seeking new members to serve on the state youth advisory council.

Youth Council members represent cross-systems youth from five regions throughout Ohio. Applicants should be between 14-21 years of age and be representative of systems that serve youth, including: mental health, juvenile justice, foster care, homelessness, alcohol or drugs, developmental disabilities, and co-occurring disorders.

Youth Council members will work with their local communities to implement the YouthMOVE Ohio expansion plan as well as work with representatives from state agencies to provide feedback on suggested statewide youth initiatives. Members must be able to travel to Columbus at minimum 4 times per year to attend meetings. They will also be asked to participate in scheduled conference calls and online feedback groups.

How to Apply?

Complete the attached application. It is important that you include accurate contact information.

Mail, fax, or email your completed application to:

Angela Lariviere or Katie Dillon

YouthMOVE Ohio

1225 Dublin Road, Suite 110

Columbus, Ohio 43215

Phone: 614-224-2700, Fax: 614-224-5400

angela@ohioyouthmove.org





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Personal Information:

Name: _____ Age: _____ Gender _____

Address: _____

Phone: _____ email: _____

(If you don't have a phone list a contact person/agency and their phone)

Race/Ethnicity:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian Native | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hawaiian/Pacific Island | |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Hispanic | |

Experience:

Have you attended or received any other leadership trainings: Yes No

If yes, please list:

Have you ever been a member of any other advisory groups or councils? Yes No

If yes, please list:

Are you currently enrolled in any other programs: Yes No

If yes, please list

Optional: Please check any of the following that apply IF you are comfortable.

All answers will remain anonymous and confidential. This is only to help identify your areas of expertise.

Have you ever been involved in the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Transitional | <input type="checkbox"/> Attached to family supports |
| <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Lived in a group home | <input type="checkbox"/> Unaccompanied or unattached to family |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Had an IEP or received Special Education services | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Hospitalized due to Mental Illness issues | | <input type="checkbox"/> LGBTQ |

Short Answer Questions:

Describe an obstacle that has gotten in the way of your dreams and how you have or will overcome it?

Identify an issue you care about in your community (poverty, hunger, bullying, stigma... or whatever) and tell what you think we could or should do to address the issue.

Why are you interested in joining this council/what do you expect to gain out of your experience?