State of Kansas  
Department for Children and Families  
Prevention and Protection Services 

Kansas Youth Advisory Council  
Membership Application and Participation Agreement 

Please answer all questions completely. For questions that do not apply, simply write N/A. You may type the application or print neatly in blue or black ink. Return application to your designated RYAC advisor.

NAME:   Last___________________  First___________________  Middle Initial______
Date of Birth: _____________________  Age: _____
Address: ______________________________________________________
____________________________________________________
____________________________________________________

Home Phone  Work / Office #  Cellular / Other #  Email Address

YOUR EXPERIENCE IN CARE

Please answer questions A-H as they apply to you. If more space is needed, you may attach additional sheet(s). Please label all attached sheets with the letter of the corresponding question.

A. What can you bring as a member to the Kansas Youth Advisory Council?

B. How can your experience in foster care help other foster youth?

C. What do you feel youth need to be successful?


E. Please describe any advisory councils, committees, or groups on which you are currently or have previously served.

F. Describe what leadership and team work means to you.

(This form supersedes Appendix 7C REV 7/07)
KYAC PARTICIPATION AGREEMENT

KYAC APPLICANT
I, (name of KYAC applicant) ________________________________ understand that I am applying to become a Kansas Youth Advisory Council (KYAC) member. I understand that if I am selected, I will have an opportunity to serve on the KYAC until my 21st birthday and continue as a KYAC alumni per guidelines set forth in this handbook.

If chosen as a KYAC member, I understand it will be my role and responsibility to:

- Actively participate on the regional council from which I was elected;
- Be involved in planning and attending meetings and events in my region;
- Be involved in planning and attending state summer conferences;
- Be involved in planning and attending strategic planning conferences;
- Be familiar with the KYAC Work Plan;
- Represent the KYAC at various statewide and national conferences (as approved);
- Conduct presentations, when needed, at the state, regional and local levels;
- Actively recruit new members for my regional council during summer conferences, computer camps, resource parent support meetings and any other events or meetings which foster youth are involved;
- Be willing to listen to concerns and ideas of other youth in care and provide recommendations to the KYAC as a voice of all youth in care;
- Respect other’s opinions and be responsible for expressing my own;
- Be willing to do my part;
- To exercise good judgment;
- Follow all guidelines and policies of all meetings and events;
- Be a leader and positive role-model at all meetings and events.

As a KYAC member, I will stay in contact with my advisor and promptly report any changes in my address, phone number or email address. I am committed to enhancing the lives of current and future foster youth through my advocacy efforts as a KYAC member.

(This form supersedes Appendix 7C REV 7/07)
Signature: ___________________________ Date: ___________________________

Advisor: ___________________________ Date: ___________________________

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Strong Families Make a Strong Kansas

(This form supersedes Appendix 7C REV 7/07)