

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?

- D. What issues relating to Child Welfare do you feel strongly about? Briefly Describe.

- 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.

Youth Signature: _____

Date: _____

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.

Signature: _____ Date: _____

Advisor: _____ Date: _____

