

Boston Centers For Youth & Families 2016-2017 Youth Advisory Committee Application

Dear Applicant:

Thank you for your interest in the Boston Center's For Youth & Families Youth Advisory Committee. Established in September of 2014, the BCYF Youth Advisory Committee serves as an advisory board to identify, discuss and inform BCYF leadership on youth issues and programming. Our mission is to empower our participants to help best serve Boston's youth.

As a BCYF Youth Advisory Committee member, you will:

- Represent your BCYF community center
- Discuss issues affecting youth in your community, and offer positive solutions
- Work in collaboration with youth from across Boston
- Inform BCYF on youth programming needs
- Participate in community service projects

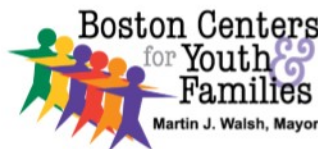
You should apply if: You are a high school student, a Boston resident, a member of a BCYF community center, want to make a positive change and interested in making new friends.

Additional Application Information:

- After review of application and reference, applicants will be invited to participate in an interview. An interview will only be scheduled if a completed application is received by the application deadline. You will be notified of your interview date and time by email and phone.
- Once all interviews are complete, applicants will receive notification of their application status for the BCYF Youth Advisory Committee.

**Completed applications should be emailed to
Joan Lanigan at Joan.Lanigan@boston.gov
or faxed to 617-635-5074
by Friday, September 16, 2016**

For questions or more information, please contact Joan Lanigan at joan.lanigan@boston.gov or 617-635-4920 x 2155.



BCYF Youth Advisory Committee 2016 Member Application

Basic Information: Please print clearly

Name: _____ Gender: M _____ F _____

Home Address: _____ Date of Birth : _____

Cell Phone #: _____ Home #: _____

Emergency Contact: _____ E. Contact # _____

School: _____ Current Grade(sept2016): _____

BCYF Community Center : _____ Email: _____

Reference: Please list one person who knows you well like a teacher, or coach (not a relative) who we may contact as a reference. Please include their name, email and phone number.

Name: _____ Relationship: _____

Phone #: _____ Email: _____

Agreement:

I understand that as BCYF Youth Advisory Committee member I must be willing to commit to two meetings a month for 1.5 hours each. I agree to attend all scheduled meetings as well as additional scheduled projects/meets as set by the BCYF Youth Advisory Committee.

Applicant Signature

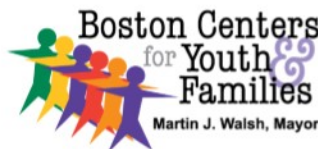
Date

Parent Consent:

I understand and support my son/daughter in applying for a position on the BCYF Youth Advisory Committee.

Parent Signature

Date



BCYF Youth Advisory Committee

2016 Member Application

Short Answers: The short answer section of the application is to help us better know applicants. Please answer the following questions. If you need additional space you may attach paper.

1. How familiar are you with Boston Centers For Youth & Families?
2. Why would you like to serve on the BCYF Youth Advisory Committee?
3. What skills do you bring to the BCYF Youth Advisory Committee?
4. What is one issue you feel youth face in your neighborhood/ the City of Boston and what do you feel is a positive way to address it?
5. Tell us about one or more engaging teen activities that occur at your site and one or more activities that you think teens in your community would like to have offered?

