



**Thank you for your interest in applying for the Indiana Youth Advisory Board (“IYAB”). In order to be considered you must complete and submit the entire application including the required signatures.**

### **Application Checklist**

- Signed Youth Statement of Understanding**
- Signed Adult Supporter Statement of Understanding**
- Recommendation from Family Case Manager (“FCM”), Service Provider, or current IYAB member**

**Send completed application to IYAB Adult Facilitator:**

**Josh Raines**

**AR 201**

**Ball State University**

**Muncie, IN 47306**

**Fax: 765-285-5462**

**E-mail: [indianayab@yahoo.com](mailto:indianayab@yahoo.com)**

**Applications are subject to the approval of the IYAB and the Indiana Department of Child Services (“DCS”) Local Office Director for the county of wardship or current residence if youth is no longer a ward.**

## Indiana Youth Advisory Board Application

Name: \_\_\_\_\_ County of Wardship: \_\_\_\_\_

Date application completed: \_\_\_\_\_ Region #: \_\_\_\_\_

Female  Male      Date of Birth: \_\_\_\_\_

Race:  White, Not Hispanic     Hispanic     Black, Not Hispanic     Other  
 Asian/Pacific Islander     American Indian/Alaskan     Bi-Racial, Not Hispanic

CHINS     Probation     Voluntary (CHINS or Probation case dismissed and receiving voluntary services)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### 1. What is your current living situation?

Group Home     Foster Home     Living Independently     Other, please specify \_\_\_\_\_

Name of caregiver if in foster/relative care \_\_\_\_\_

Email address of caregiver \_\_\_\_\_ Caregiver phone \_\_\_\_\_

### 2. Are you currently enrolled in one of the following?

High School     College     Trade School     GED classes  
 High School Diploma /GED     Not in school

If in college or trade school     Full time (*4 classes or more*)     Part time (*less than 4 classes*)

Name of college or trade school attending \_\_\_\_\_

If not in school, do you have a GED?     yes     no

If no, what are you doing to obtain a GED? \_\_\_\_\_

### 3. Are you currently employed?

Yes     No    \_\_\_\_\_ # of hours weekly

Reason for unemployment     HS student     never employed     laid off  
 quit without another job     fired

If not employed, most recent employment dates if previously employed \_\_\_\_\_

What is your plan to obtain employment? \_\_\_\_\_

**4. Do you participate in volunteer community service activities?**

Yes     No    \_\_\_\_\_ # of hours weekly

If volunteering, where do you volunteer? \_\_\_\_\_

Please describe your responsibilities \_\_\_\_\_

**5. What is your interest in the IYAB?**

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**6. What do you feel are your best qualities to offer to the IYAB?**

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**7. Please describe relevant work, school or volunteer activities which have helped you prepare for service on the IYAB.**

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**8. One of the expectations of the IYAB is to help influence and develop policies regarding youth in foster care. What are the issues that most interest you?**

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**9. What has been your inspiration for change?**

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**10. Do you have reliable transportation back and forth to Indianapolis and occasionally other parts of the state for IYAB meetings?**  **Yes**  **No**

**Please briefly explain your plans for transportation to IYAB meetings and events.**

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**Youth Statement of Understanding**

If selected, I agree to be active in the Indiana Youth Advisory Board understanding both the expectations and time commitment. I understand that this is an application, not a guarantee of my selection for participation. I understand that if selected, the IYAB Adult Facilitator will notify me. It is at that time I will fully accept the expectations and responsibilities of becoming a youth advisory board member. Those expectations and responsibilities include: attending 6-8 meetings per year in Indianapolis or other locations as necessary, representing foster youth in a positive manner, and doing my part to improve the lives of foster youth around the state. I hereby authorize the IYAB Adult Facilitator to release the information on this form and all information regarding the goals and progress of the IYAB to DCS.

Youth's Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth's Name Printed \_\_\_\_\_

**Adult Supporter Statement of Understanding** (required for youth still under wardship)

I understand the Indiana Youth Advisory Board meets 6-8 times per year in Indianapolis, Indiana primarily on Saturdays. If the above named applicant is elected, I commit to provide or arrange transportation for meetings held within Indiana. If I live more than 50 miles outside of Indianapolis, overnight accommodations will be provided for the night before the meeting. I agree to provide or arrange for appropriate supervision for overnight meetings that are held within the state of Indiana. Compensation for mileage will be provided for official IYAB meetings.

Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult's Name Printed \_\_\_\_\_

**Recommendation from the youth's FCM, Service Provider, or current member of the IYAB**

Name \_\_\_\_\_ Agency and/or Program \_\_\_\_\_

Role in youth's life \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Recommendations or Comments

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Signature \_\_\_\_\_ Date \_\_\_\_\_