



THE EXECUTIVE OFFICE OF THE MAYOR OF THE DISTRICT OF COLUMBIA
THE OFFICE OF COMMUNITY AFFAIRS
THE DISTRICT OF COLUMBIA YOUTH ADVISORY COUNCIL
The Frank D. Reeves Center for Municipal Affairs
2000 14th Street, N.W.
Suite 400 North
Washington, D.C. 20009

The District of Columbia Youth Advisory Council (DCYAC) Application (2015-2016)

Thank you for your interest in serving on the 2015-2016 Mayor's District of Columbia Youth Advisory (DCYAC)! This is an exciting opportunity for youth, ages 13-20, to serve as agents of change in their communities by representing the ideas and perspectives of youth throughout the District of Columbia. Priority is given to ensuring representation of as many schools, demographic groups, and neighborhoods as possible. **Full Body** meetings will take place **every other Thursday** from 5:30PM – 6:30PM at the Reeves Building located at (2000 14th Street, NW, Suite 400, Washington, DC 20009) during the school year. **Elected Offices** will meet **every Thursday** at the Reeves Building from 5:30PM to 6:30PM.

In order to serve on the DCYAC, you should be able to commit attending all meetings. All candidates must complete the DCYAC Application, and submit a letter of recommendation. (Online and print versions are available on the DCYAC website – dcyac.dc.gov.) Applicants are required to submit a letter of recommendation at the time of their scheduled interview. If you have any questions, please contact the DCYAC Office at 202.727.7968 or dcyac@dc.gov.

PERSONAL INFORMATION

TYPE OR PRINT CLEARLY IN DARK INK

Full Name: _____
Last First Middle

Home Address: _____

City/State: _____ Zip Code: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth _____ Age: _____ Gender: Male Female
(MM/DD/YYYY)

Parent(s)/Legal Guardian(s) Name(s): _____ Relationship: _____

Parent(s)/Legal Guardian(s) Address: _____

City/State: _____ Zip Code: _____ E-mail Address: _____

Home Telephone: _____ Daytime Telephone: _____ Cell Telephone: _____

Name of Emergency Contact: _____ Relationship: _____

Emergency Contact Address: _____

City/State: _____ Zip Code: _____ E-mail Address: _____

Home Telephone: _____ Daytime Telephone: _____ Cell Telephone: _____

EDUCATION

School

Current grade: 8th grade 9th grade 10th grade 11th grade 12th grade Other/Not in school

Name of School: _____

School Address: _____ City/State: _____ Zip Code: _____

Did you graduate? Yes No If no, have you received a GED high school equivalency? Yes No

Colleges and Universities

Current year in college: Freshman Sophomore Junior Senior

Name of College/University: _____		
College/University Address: _____	City/State: _____	Zip Code: _____
Major: _____	Minor: _____	

SHORT ANSWER QUESTIONS

Type or print your answers in the space provided below or on a separate sheet of paper.

1. Why do you want to become a member of the DCYAC?

2. List any employment, activities, or groups in which you are involved or that you plan to be involved in during the 2015-2016 school year.

3. What issues are you most passionate about in your community, and why?

4. Serving as a member of the DCYAC requires a significant time commitment. Will you be able to commit to attending the meetings and community service events? If your answer is no, please explain why.

5. Indicate any of your current commitments that will conflict with your ability to participate actively in the DCYAC's programming and activities.

YOU MUST SIGN THIS APPLICATION.

I, _____, hereby acknowledge my receipt of the overview of the District of Columbia Youth Advisory Council (DCYAC), and I have
(PRINT APPLICANT'S FULL NAME)

reviewed all of the information provided. I am in agreement with the membership terms of the DCYAC. I am also aware that, as a member of the DCYAC, I will be required to participate in off-site public service projects and program activities at locations in the District of Columbia, under the supervision of staff from the Executive Office of the Mayor of the District of Columbia.

I understand that a false statement on any part of my application may be grounds for me not being accepted or terminated as a member of the DCYAC. I understand that any information I give may be investigated at any time. I certify that, to the best of my knowledge and belief, all of my statements are true, accurate, and complete.

Signature	Date
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Parental/Legal Guardian Consent (Required for all applicants under the age of 18.)

I, _____, am the parent/legal guardian of the applicant (my child). I acknowledge my receipt of the overview of the
(PRINT PARENT/LEGAL GUARDIAN'S FULL NAME)

District of Columbia Youth Advisory Council (DCYAC), and have reviewed all of the information provided. I am in agreement with the membership terms of the DCYAC. I am also aware that, if selected for membership, my child will be required to participate in off-site public service projects and program activities at locations in the District of Columbia, under the supervision of staff from the Executive Office of the Mayor of the District of Columbia.

I hereby grant my child, _____, permission to apply for the DCYAC.
(PRINT APPLICANT'S FULL NAME)

Signature	Date
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The District of Columbia Youth Advisory Council Letter of Recommendation (2015-2016)

Instructions for the applicant – Complete **PART 1**, and submit this form to your recommender, which may include a community leader, teacher, employer, or adult mentor. **The recommender cannot be a relative or a personal friend.** Once completed and returned to you, the recommendation should be included with your complete application packet.

PART 1

Applicant's Full Name: _____
Last First Middle

Instructions for the recommender – Complete **PART 2**. After completion, sign and return to the applicant. You may also include a separate letter of recommendation or additional pages if necessary.

PART 2

1. How long have you known the applicant? _____
Years Months
2. In what capacity do you know the applicant?

3. What do you believe are the applicant's strongest qualities that make him/her an ideal candidate for the DCYAC? Please give your impressions of the applicant's ability to fulfill commitments and to engage his/her peers in a group setting. Comment on the applicant's character. Based on your knowledge, experience, and interaction with the applicant, how do you envision his/her future performance? If applicable, include any known obstacles the applicant has had to overcome (e.g., economic, social, cultural, educational, or other disadvantages).

OVERALL RECOMMENDATION

Do you recommend this applicant to the DCYAC?

Highly recommend Recommend Recommend with reservation Do not recommend

Name (Print): _____ Title: _____

Organization/School/Company: _____

Email: _____ Phone: _____

Recommender's Signature: _____ Date: _____