



NAME: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

## MAAC Youth Advisory Board Application for Participation

**Please fax to Attn: *Fecelia Holt* Or Email: [fholt@maac4kids.org](mailto:fholt@maac4kids.org)  
Fax: 404.880.9325 Phone: 404.880.9323**

### *What we are about:*

We are a group of youth who have that have come together (with the help of the MAAC team) to discuss the issues we may be having in DFCS. We have been able to discuss changes we want, such as extending Medicaid (health insurance) until 21 on many levels, like at the State Capitol. We are discussing different laws concerning the youth of DFCS. We cannot do many things, all because of our age and circumstances. We are sure that many will agree that no matter how old you are, if it has something to do with OUR LIVES, we should be a part of it. There are so many things we cannot control as youth. We have to let the adults decide for us. It is time we took a stand and let them know that it is our lives and we should have a say. We have also come to realize that even though we have been through so much in our lives, that should not stop us from having fun and enjoying ourselves.

*Thank you for completing the following so we can get to know you better:*

I. *This first set of questions helps us to recruit a **diverse** group of leaders.*

**Full Name:**

**Race/Ethnicity/Culture** (please circle):

- African American    Caucasian/White    Hispanic/Latino    West Indian  
Asian/Pacific Islander    Other

**Gender** (please circle):    Male                  Female

**Date of Birth:**

**Status** (please circle): In Foster Care Out of Foster Care

**Which MAAC agency are you with?** (please circle):

The Bridge Creative Community Services Gwinnett Childrens Shelter  
CHRISKids Inner Harbour GA Baptist Children’s Homes & Family

Ministries

Elks Aidmore Childrens Center Twin Cedars Youth Services Other

**Placement Experience** (please circle all placement types where you have lived):

Group Home Intensive Residential/Hospital Foster Family  
Relative Transitional Living After Care  
On Own Homeless Independent Living Program (Group Home)  
Independent Living Program (I participate in ILP through Department of Human Resources)

**Geography:** My current address:\_\_\_\_\_

City:\_\_\_\_\_ County:\_\_\_\_\_

My legal county while in care:\_\_\_\_\_

**Education** (please circle any and all that you have experience with below):

- I am in High School I attend On-Campus School (i.e. if you are in a residential program)
- I attend an Alternative School/Psychoeducational Program
- I have received a High School Diploma (please circle): Regular Ed Special Ed
- I am in GED
- I am in College
- I am in a Vocational/Tech program
- I am in Graduate School
- I have received (please circle): Bachelor’s Degree Associates Degree Graduate Degree

What was your major?\_\_\_\_\_ **Highest Grade Completed:**\_\_\_\_\_

**Employment** (please circle): Full Time Part Time Volunteer Not working

**Family (optional) – Your Marital or Commitment Status** (please circle): Single Married Other

**Do you have children? (optional)** (please circle): Yes No  
If Yes, how many?\_\_\_\_\_ What are their ages?\_\_\_\_\_

**Minority Groups** (please circle as you feel comfortable if you have experience as):

- A person for whom English is a second language
- A person who identifies as LGBTQ (Lesbian, Gay, Bisexual, Transgendered, Questioning)
- A person with a mental health diagnosis, on medication for a mental health need, or has experience with services (i.e. attends therapy) in the mental health system
- A person with a diagnosis of a developmental disability
- A person who has received services through the juvenile justice system/DJJ
- Parenting youth - mother or father

II. *This next section helps us to learn more about you – the unique **strengths, talents, and gifts** you would bring to the group.*

**What are your top personal strengths (i.e. personality, character) that you will bring to the group?**

**What are your top professional strengths (i.e. skills/interests) that you can bring to the group?**

Do you have **RELIABLE** transportation? (please circle)                      **Yes**                      **No**

**Who (if needed) will support you with transportation and help you with your duties?**

<b>What is their name? in your life?</b>	<b>What is their contact info.?</b>	<b>What is their role</b>
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**I, \_\_\_\_\_ commit to ensuring transportation support for  
\_\_\_\_\_ who seeks to participate on MAAC Youth Advisory Board. In the event  
that I cannot assist with transportation, I will work with this youth to identify an alternate.**

\_\_\_\_\_  
**Staff/Foster Parent signature and date**

\_\_\_\_\_  
**Agency Board Member with MAAC**

III. *Please describe below in a paragraph why you wish to serve on the MAAC Youth Advisory Board:*