



NAME: _____
E-MAIL: _____
PHONE #: _____

MAAC Youth Advisory Board

Application for Participation

Please fax to Attn: Meg McConnell or Email: mmcconnell@maac4kids.org
Fax: 404.880.9325 Phone: 404.880.9323

What we are about:

We are a group of youth who 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?

What is their name? What is their contact info.?
What is their role in your life?:

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: