



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

## GA EmpowerMENT Group

~ Hearing the "me" in the voices of Georgia's foster youth

### Application for Appointment to the State-Level Group

**Please fax to Attn: Sarah Bess Hudson, Project Coordinator**

**Fax: 404.880.9325**

**Phone: 404.880.9323**

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

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

**Do you have children?** (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

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?**

**Who (if needed) will support you with transportation and help you with your duties?**  
**What is their name?                                  What is their role in your life?**

III. *Please describe below why you wish to serve on the state-level EmpowerMENT Group..*