**Confidentiality:** Any confidential information requested is for our records. Your answers will be kept secure and will not be shared with another party. Your cooperation in providing this information is both appreciated and necessary.

**YOUTH INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_

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

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

CYC Program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please circle all that apply.*

**Ethnicity:**  Black/African-American  **Household type:** Family

 White Family Foster Care

 Hispanic/Latino Group Home/Residential

 Asian Independent Living Foster Care

 African Kinship Care/Extended Family

 American Indian

 Pacific Islander/ Hawaiian

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I will get home from programming by:** Parent/Guardian Pick up School Bus Walk Drive

**HEAD OF HOUSEHOLD INFORMATION**

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Type  *Home Work*

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Type  *Home Work*

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I would **not** like to receive Newsletters from Community Youth Concepts. Otherwise you will be automatically subscribed to CYC’s Monthly Newsletter.

**EMERGENCY CONTACT AND/OR PICK UP INFORMATION**

***Please list two people (not parents or guardians) who may be contacted in the case of an emergency.***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If someone not listed is to pick up youth, parents must call to authorize.*

**EMERGENCY MEDICAL INFORMATION**

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Policy Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Considerations/Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION**

🞎 This student will not take any daily medications while attending programming.

🞎 This student will take the following daily medication(s) while attending programming

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Medication | Reason for taking it | When it is given | Dosage |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The following non-prescription medications may be stocked at programming facilities and are used on an as needed basis to manage illness and injury. **Cross out those the student should not be given.**

Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin)

Diphenhydramine antihistamine/allergy medicine (Benadryl) Sunscreen

Generic cough drops Antibiotic Cream (Neosporin)

Do any of the following situations apply to your student? [ ] No [ ] Yes

 Qualifies for free or reduced school lunch Living with a disability

 Completing Court ordered service or former juvenile offender In or aging out of foster care

 At risk to leave high school without graduating Not currently enrolled in school Homeless or has run away Has limited English proficiency

*Please note, this information is kept confidential and will not affect the youth’s ability to participate in programming. It is collected for anonymous grant reporting and program improvement purposes only.*

**YOUTH INFORMATION: PLEASE PRINT CLEARLY**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CYC program(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

**PARENTAL/GUARDIAN AGREEMENT**

***\*Please initial each item to indicate agreement to comply.***

*I authorize Community Youth Concepts (CYC) to act on my behalf in case my youth is victim of a major accident, injury, or illness when immediate medical or surgical care is needed; provided a member of CYC staff has made effort to first notify me of the situation and determine what my preferences are. If efforts to reach me are unsuccessful, I authorize duly licensed medical professionals to take such actions as their judgment dictates. I further agree that neither CYC, nor any person associated with CYC, has any responsibility of any kind to me or my youth from any claims arising from any accident, injury, or illness, which my youth may suffer as a result of any such health care of medical treatment. \_\_\_\_\_\_\_\**

*I authorize CYC to transport my youth to any field trips within the regularly scheduled program hours. I understand that only field trips or activities that function outside of regular scheduled hours will require my permission. \_\_\_\_\_\**

*When in the course of regular programming, I authorize CYC to photograph and capture video of my youth for publications and/or media presentations. If applicable, I authorize members of the media to photograph and capture video or my youth engaging in CYC activities or special events. I also authorize my youth to use CYC’s network and internet services. \_\_\_\_\_\**

*Additionally, I authorize CYC and/or contracted researchers of CYC to involve my youth in outcome measurement and evaluation of programs, and I give my permission for my youth’s school to release information to CYC regarding my youth’s grades, attendance, and disciplinary referrals. I understand that any data or information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant. \_\_\_\_\_\**

*I understand that CYC expects youth to respect program participants and leaders, and any behavior that jeopardizes the safety of others may be considered grounds for removal from the program. \_\_\_\_\**

*I understand that basic information about my child will be anonymously shared with prospective mentors/advisors to aid in determining a suitable mach. Once a match is determined, my and my child’s identity and other relevant information will be shared with the mentor/advisor only to the extent it aids in facilitating a learning relationship.\_\_\_\_\_\_\**

*I understand that any meetings should take place at public locations; meetings at your home or the mentor/advisor’s home, or locations outside of the Des Moines Metro must first be cleared with CYC staff and parents/guardians. Overnight visits solely between a student and an advisor/mentor are not allowed. Students may attend overnight opportunities with an adult staff with permission. In such instances, specific supervisory arrangements will be made and communicated in advance. \_\_\_\_\**

*Please list the name and phone number of a teacher, school staff, or non-profit professional that you have a good relationship with that we may contact regarding your participation in the CYC Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Youth Signature of Parent/Guardian Date

**Position Description**

The CYC Youth Executive Council is comprised of student leaders from Des Moines metro youth development programs. The Youth Executive Council, supported by CYC and its Board of Directors, will include up to twenty-five nominated youth ambassadors and five Jr. Ambassadors. The Youth Executive Council members, will serve as a liaison between the various youth development programs and broader community planning entities. This group will help funnel various youth-related requests and will help ensure youth voice is infused in community plans. The Youth Executive Council will will be responsible for collecting youth feedback from various youth programs, empowering youth to get engaged in their community via community planning, youth advocacy, volunteer service, and other mechanisms as deemed appropriate by the Executive Council. As a member of the Executive Council, youth will be provided various leadership training opportunities and have access to community leaders to advise them in community planning efforts. The Council will delegate requests, if appropriate, to youth development program(s); collect lessons learned; and assist with alignment between various youth leadership programs across the metro.

Members of the Youth Executive Council are expected to:

* Attend bi-weekly Youth Executive Council meetings and relevant community planning meetings (as available). Communicate with the Youth Executive Council facilitator about any pending absence and how you will receive updates from the missed meeting.
* Attend leadership trainings in facilitation, advocacy, legislative processes, and other skills deemed necessary for the Executive Council members.
* Participate and/or co-facilitate in youth advocacy trainings, youth engagements forums/focus groups, and outreach efforts, including advocacy opportunities, public presentations, and mechanisms to report back to the community.
* Youth Executive Council members must be involved with CYC or another youth development program and be in good standing to serve on the Youth Executive Council.
* Members will respect each other’s opinions and uphold the confidentiality of what is shared in the group and if issues arise, the affected member will contact the Youth Executive Council facilitator.

Members will serve for one year and must re-apply to continue to serve in this role. The goal will be for all youth on the Youth Executive Council to have an adult advisor to support them in these decision-making processes. Youth in various stages of leadership development will be encouraged to apply for the Executive Council.

**2017-2018 Applications are due August 4, 2017.**

Completed applications should be sent to Alicia Vermeer at Alicia@cyconcepts.org or can be mailed to 1446 MLK, Jr Pkwy, Des Moines, IA 50314

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_

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

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

I will be representing the following Program(s) on the Executive Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you able to commit to the requirements of the Executive Council? If there are concerns, please explain.**

**Short Answer Questions (May fill out on a separate sheet of paper)**

1. Which youth development programs are you currently involved in, and what has your experience been in those programs? (Check all that apply)

* CYC Weekly Program
* GEAR UP
* uVoice Youth Philanthropy Board
* Youth Volunteer Corps (YVC)
* Youth Leadership Institute (YLI)
* Urban Leadership
* Movement 515
* Children and Family Urban Movement
* Young Women’s Resource Center
* EMBARC
* Al Exito
* ISU Extension 4-H
* YSS/IHYC/AMP
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What role have you played in the identified program(s)?

2. Why are you applying to be part of the Executive Council? What leadership skills are you hoping to develop?

3. Check which aspects of the Executive Council interest you the most.

* Research via Surveys
* Research via Facilitation of Youth-Focused Conversations
* Planning Service Projects
* Community Planning
* Public Speaking and Advocacy
* Marketing
* Training Opportunities
* Grant Making
* Fundraising
* Program and Event Planning and Design

4. In your opinion, what is the most significant issue facing Des Moines area youth? What are your thoughts on how that issue should be addressed?

5. Why do you think it’s important to have youth voice represented in the community?

6. Please list any school, religious, social, athletic, or other activities and organizations in which you have participated during the last year.

7. Do you currently have a part-time job or regular volunteer position? If so, where and how many hours per week do you work?

8. Please attach a letter of recommendation from a youth development program facilitator that highlights your skills and opportunities for growth and can speak to your commitment to representation of the youth development group you will represent.

**What should I expect next?**

Following the receipt of your completed application and recommendation letter, CYC staff will schedule an in-person interview to learn more about your interests and availability.

If you are selected to serve on the Executive Council, you will be required to return a CYC registration form, with parent consent for any student under age 18, before being able to participate in programming.

Once the Council is finalized, CYC will work with members to set a bi-weekly meeting and training schedule. Members should anticipate 2-4 trainings to occur between September – December.

**Have Questions?** Please feel free to reach out to Amy Croll at 243-4292 or amy@cyconcepts.org with any questions you may have.