

**OYC Youth Leadership Council**

**Letter of Recommendation**

**Application:** Please return to Valerie Esquivel via email at v.esquivel@kids-alliance.org by Friday, May 15,2015.

**\*Applicant must be a current/ former foster or cross-over probation youth between the ages of 16-24 and willing to attend monthly meetings.**

**Recommender’s Information:**

Name: Relationship to applicant (e.g. counselor, mentor, etc.):

Organization:

Phone: Email:

Can you provide transportation for youth or help youth obtain transportation? [ ]  Yes [ ]  No

**Applicant’s Information:**

Name: D.O.B.:

Gender: Street Address:

City, State, Zip Code:

Phone: Email:

**Recommendation:**

Please describe your experiences working with this youth and why you would recommend this youth serve as a member of the OYC Youth Leadership Council (e.g., leadership, teamwork, other strengths, etc.).