

**OYC Youth Leadership Council**

**Youth Application**

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

**Applicant’s Information:**

Name: D.O.B.:

Gender: Street Address:

City, State, Zip Code:

Phone: Email:

**Applicant’s Experience:**

Are you/were you ever in foster care/on probation? [ ]  Yes [ ]  No Have you ever had a social worker/ probation officer? [ ]  Yes [ ]  No

Current School or Employer (if applicable):

If not in school or employed, last school or employer:

Organizations you are involved in:

Interests:

**Short Responses:**

1. *Why do you want to be on the OYC Youth Leadership Council?*
2. *What does being a leader mean to you?*
3. *Describe 1-2 challenges you faced as a foster youth (example: multiple school transfers) and what you would do to help other foster youth to address those challenges?*