



## Youth Action Board Application

Congratulations! You have been nominated to serve on the Youth Action Board. We are so excited that you are interested. Please complete the application by May 31, 2022, and send to Deja Davis **and** Sheldon Echols by contacting them at [DejaD@howardbrown.org](mailto:DejaD@howardbrown.org) and [ESheldon@howardbrown.org](mailto:ESheldon@howardbrown.org).

### THE BASICS

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
Pronouns: \_\_\_\_\_  
Gender Identity: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Best Way to Contact You: \_\_\_\_\_  
Are you currently in school? If yes, what level and where?  
\_\_\_\_\_  
Do you have any children that are currently in your care? \_\_\_\_\_

### YOUR GIFTS, TALENTS AND INTERESTS

Can you tell us about yourself? Do you have specific interests/hobbies, talents, or gifts?

What do you hope to get from being a Youth Action Board member? Check as many as you want.

- Meet other young people
- Learn skills I can use in the future
- Advocate for improved services for youth
- Other \_\_\_\_\_

What makes you passionate about advocating for LGBTQ+ youth and/or youth who have experienced homelessness?

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Since the Youth Action Board will be advising on ways to better serve youth experiencing homelessness and youth that are unstably housed, it is important for us to understand a little bit about your experiences. Please circle Yes or No after each question. These answers will only be shared with a small group of people reviewing the application.

Are you currently homeless or unstably housed?	Yes	No
Have you ever lived on the streets?	Yes	No
Have you ever stayed at a shelter?	Yes	No
Have you couch surfed?	Yes	No
Have you ever had no safe place to live?	Yes	No
Have you changed foster homes several times?	Yes	No
Have you experienced a failed adoption?	Yes	No
Have you ever ran away from an unsafe home?	Yes	No
Have you aged out of the child welfare system with no place to live?	Yes	No
Do you identify as LGBTQ+?	Yes	No

### **WORK AND LEADERSHIP HISTORY**

You do not need to have any experience to be accepted. Just want to learn more about you. Please share any work and leadership history including volunteer work, school programs, and recreational activities with resume.

### **If selected for the Youth Action Board, can you commit to the following:**

Can you commit to attending our monthly meetings?	Yes	No
Participating in occasional meetings such as an annual retreat?	Yes	No
Contact someone if you are unable to attend a meeting?	Yes	No

By signing this form, I commit to serving on the Youth Action Board to the best of my ability.

x \_\_\_\_\_  
Applicant Signature

### **ADULT ALLY (Only complete this section if nominated by an adult ally.)**

First Name: \_\_\_\_\_



Last Name \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best Way to Contact: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

By signing this form, I recommend \_\_\_\_\_ for the Youth Action Board.

x \_\_\_\_\_

Adult Ally Signature

#### **SUBMITTING THE APPLICATION**

Email application to Deja Davis and Sheldon Echols at [DejaD@howardbrown.org](mailto:DejaD@howardbrown.org) and [ESheldon@howardbrown.org](mailto:ESheldon@howardbrown.org).

**The application deadline is May 31,2022.**