



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 and send to Deja Davis **and** Sheldon Echols by contacting them at DejaD@howardbrown.org and 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 LGTBQ+ youth and/or youth who have experienced homelessness?



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 and ESheldon@howardbrown.org.