

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
YOUTH ADVISORY BOARD MEMBER APPLICATION

Youth Advisory Board

The New York State Office of Children and Family Services (OCFS) is seeking youth with diverse experience in the foster care system to advise and collaborate with us on various policy topics related to foster care. The board allows youth to have a voice in the policies and procedures that shape their transition to independence.

Eligibility Requirements

- You are 18 or older and
- You are a youth in care or a former youth in care in NYS

Board Member Commitments

- Maintain your membership for at least one year
- Attend offered trainings about government, leadership, and strategic sharing
- Attend Youth Advisory Board virtual or in person meetings in the Capital District of NY
- Complete various monthly assignments related to foster care, runaway and homeless, trafficking, LGBTQ+, etc.
- Represent the youth from your agency or county
- Seek out, listen to and respect others' opinions and experiences
- Collaborate with other child welfare partners

Board members will be paid and will be reimbursed for travel expenses.

Youth Statement of Understanding:

If selected, I agree to be active in the OCFS Youth Advisory Board, understanding both the expectations and time commitment.

Expectations and responsibilities include the following:

- ✓ Attending virtual and/or in person meetings within the capital district of NY
- ✓ Completing assigned tasks and projects as assigned
- ✓ Representing foster youth in a positive and professional manner
- ✓ Doing my part to advocate for foster youth around the state

By submitting my application, I acknowledge that I am an eligible youth leader who is committed to taking on the responsibilities of a Youth Advisory Board member to advocate for myself and others.

I understand that this is an application and not a guarantee of my selection for participation.

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1. APPLICANT INFORMATION: New York State (NYS) is an equal opportunity/affirmative action employer. NYS law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

Name:	Date of Birth: / /	
Street Address:		
City:	State:	Zip Code:
Phone Number: ()	Email Address:	
Race/Ethnicity: check all that apply (optional) <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other (please specify):		
What is your gender/gender identity? (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other (specify):		
Are you in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your living situation? <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential; Campus <input type="checkbox"/> Independent Living <input type="checkbox"/> Other (please specify):		
If no, what was your current living situation? <input type="checkbox"/> Reside with family <input type="checkbox"/> Reside with friends <input type="checkbox"/> College Campus <input type="checkbox"/> Own apartment <input type="checkbox"/> Couch surfing <input type="checkbox"/> Other (please specify):		
Are you adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. EDUCATION: (Check all that apply to your education experience.)

- Attending High School Graduated High School TASC:
- Enrolled in College/Current student:
- Enrolled in a trade/certificate program:
- Graduated College:
- Current Graduate Student:
- Other (please specify):

3. EMPLOYMENT/VOLUNTEER/EXTRACURRICULAR ACTIVITIES:

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your current work schedule?
Have you served on other youth boards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify what boards and for how long
Do you participate in any volunteer activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where do you volunteer? What are your responsibilities as a volunteer?

4. PERSONAL EXPERIENCE: (*please attach additional pages if needed*)

a. Why are you interested in becoming a member of the Youth Advisory Board?
b. List and explain THREE of your best qualities to offer as a member of the Youth Advisory Board:
c. What do you think the biggest challenges are for youth currently in foster care? How do you think the Youth Advisory Board could help with these challenges?
d. Where do you see yourself in 5 years? (This can include information about your life goals, career path, etc.)
e. What else would you like to share about yourself that would make you an outstanding member of the Youth Advisory Board, if chosen?
f. Youth Advisory Board meetings will occur either virtually or in person within the capital district of NY. <ul style="list-style-type: none"> • Virtual meetings will require access to a laptop, computer and/or another electronic device that will allow you to participate. The ability to make phone calls and have access to a camera for ZOOM or WebEx meetings is necessary. If chosen as a member, do you anticipate any challenges with your ability to participate virtually? • In person meetings will require travel, but assistance and reimbursement will be provided. If chosen as a member, do you anticipate any challenges with your ability to participate in person?
g. Are you visually impaired or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you require any special accommodations, such as TTY, wheelchair access, etc.? Please explain.

5. REFERENCES: Please provide up to three references. References may be teachers, mentors, employers, coaches, or staff who have worked with you. They should not be staff who directly provide you with therapeutic services such as psychiatry or counseling. Provide the name and email address for any references below:

Name:	Email:
Name:	Email:
Name:	Email:

Once you have completed the application, please email them to: YAB@ocfs.ny.gov.
You may also use that email address if you have any questions.