



# MARYLAND YOUTH ADVISORY COUNCIL

## 2013-2014 Application

### Maryland Youth Advisory Council

The Maryland Youth Advisory Council was established through the state legislature in order to ensure that Maryland youth are given the opportunity to provide feedback and recommendations regarding public policies and programs that affect their future and to take a leadership role in creating meaningful change. The Maryland Advisory Youth Council will be appointed by the Governor, the President of the Senate, the Speaker of the House of Delegates, the Maryland Association of Student Councils, University System of Maryland Student Council and the Maryland Higher Education Commission Student Advisory Council. All youth members must be 14-22 years of age, serve a one year term (September 1, 2013 until August 31, 2014) and they cannot serve more than two consecutive terms.

### Purpose

The Council's purpose and responsibility is to:

- Hold at least 4 meetings a year
- Hold at least one public meeting on issues of importance to youth (topics can include: education, a safe learning environment, employment opportunities, increasing youth participation in government, health care access and quality of care, substance abuse and underage drinking, emotional and physical well-being, the environment, poverty, homelessness, youth access to services, suicide prevention, and educational accessibility issues for students with disabilities.
- Recommend one legislative proposal
- Provide testimony before legislative bodies on youth issues
- Conduct a public awareness campaign to raise awareness about the Council among Maryland youth
- Provide an annual report to the Governor and the General Assembly

### **How to Apply:**

If you think that you would like to be a voice for youth in Maryland, fill out the attached application. If you have any questions, please feel free to contact Christina Drushel at [christina.drushel@maryland.gov](mailto:christina.drushel@maryland.gov) or at 410-767-2547. We are requesting that applicants e-mail their application, as soon as possible. The deadline for applications is **July 1, 2013**.

Christina Drushel, Prevention Specialist  
Governor's Office for Children  
301 West Preston St., Suite 1502  
Baltimore, Maryland 21201

# MARYLAND YOUTH ADVISORY COUNCIL

## 2013-2014 Application

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Name of School: \_\_\_\_\_

Type of School: \_\_\_\_\_

Year in School: \_\_\_\_\_ If not in school, when did you last attend full time: \_\_\_\_\_

Age: \_\_\_\_\_

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

Are you currently employed?  Yes  No Hours Worked Per Week: \_\_\_\_\_

**Attach Resume if available**

Parent / Guardian ( if 18 years or under):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cellular Phone: ( ) \_\_\_\_\_

1) Please describe any current or previous involvement in a youth organization/council:

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2) Please list any current or previous extracurricular, volunteer experiences or leadership roles you have had in your school or community:

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3) Briefly explain why you would like to participate in the Maryland Youth Advisory Council:

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4) If you could make one change in your school, community, or the State of Maryland, what would it be?

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5) What other problems or issues are most important to you?

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6) If you are selected, you will be expected to reach out to your peers in the youth leadership organization that you represent. Please describe some ways you plan to engage your peers.

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Pursuant to Maryland State Government Code, Annotated, §9-2701, you may consider providing the following information:

a. Gender: (Please check appropriate box)

Male  Female

b. Race/Ethnicity: (Please check appropriate box)

White, Non Hispanic   
American Indian or Alaska Native   
Native Hawaiian or other Pacific Islander   
Other: \_\_\_\_\_

Black or African American, Non Hispanic   
Asian   
Hispanic

c. Disability: (Please check appropriate box)

Yes  No

**Please include at least one letter of reference – (teacher, coach, pastor, advisor, professor, principal, etc.) and a resume, if applicable.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature or Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**SEND COMPLETED APPLICATIONS TO:**

**Christina Drushel, Prevention Specialist**

**Governor's Office for Children**

**301 West Preston St., Suite 1502**

**Baltimore, MD 21201**

**Phone: 410-767-2547**

**Fax: 410-333-5248**

**[Christina.drushel@maryland.gov](mailto:Christina.drushel@maryland.gov)**