Legislative Youth Advisory Council Application

Due Date: DEADLINE EXTENDED TO MONDAY JULY 2, 2012

The Washington State Legislative Youth Advisory Council (LYAC) is a 22-member council of 14-18 year-old students from across the state of Washington. Applications are reviewed by the Council and the final selection is conducted by the Office of the Lieutenant Governor. Students serve on the Council for two years. Half of the Council (eleven students) is replaced every year.

Meetings are held three to six times per year, usually every other month. The meetings typically take place in Olympia or the greater Seattle area, but the Council plans to expand meetings to other areas in the future. Students are expected to attend all Council meetings and activities. Depending on the availability of funds, the Council will make every effort to reimburse youth for their travel expenses. Occasionally meetings are planned during the school week, especially during session; so many students are asked to take a day off from school. Meetings are usually one day events, but there are occasional overnight meetings.

Outside of the scheduled meetings, Council members are asked to continue the Council's work by contacting legislators to advise on pending legislation, drafting letters and legislative reports, reaching out to other youth and community organizations, and participating in Council conference calls.

Once the application deadline passes, select Council members hold an Application Review Committee meeting where Council members review and score each application. The Council may then choose to hold phone interviews with the finalists before making final recommendations to the Lieutenant Governor’s office.

Applications may be sent via email, fax, or mail (email is preferred). All applications must be postmarked by the extended deadline Monday, July 2, 2012 in order to be considered. Please note that a teacher (or other adult in a supervisory role) must complete the attached evaluation to be turned in with your completed application. If you have any questions, please contact the Council by emailing lyac@leg.wa.gov or by phone at (360) 725-6050.

Submit applications by email, fax, or mail to:

Legislative Youth Advisory Council
Attn: Vittrice Abel
Email: Vittrice.Abel@k12.wa.us
Fax: 360.725.6017
Mail: Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200

Thank you for your interest! We hope to meet you soon!

Sincerely,

Kelsey Leeper, Chair
Washington State Legislative Youth Advisory Council
Legislative Youth Advisory Council Application
(Please type or print in pen)

Applicant’s first name:           Applicant’s last name:

Age on August 1, 2012 (applicants must be 14–18 years old at the time of appointment):

Date of Birth:

Address:

City: State: WA Zip Code:

School: Grade in the 2010–11 school year:

Home phone: (     )       Cell phone: (     )

Email Address:

Legislative District: (For information and directions on how to determine your legislative district, please visit http://apps.leg.wa.gov/DistrictFinder/Default.aspx).

Parent/Guardian Information:

Parent/Guardian Name:

Work number: (     )       Home number: (     )

Cell number: (     )       Email address:
1. List and describe any relevant school, extra-curricular, or community activities and organizations that you are/were involved in. (What was your role in this activity and what impact did it have on you).

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<thead>
<tr>
<th>Activity</th>
<th>Dates involved</th>
<th>Role</th>
<th>Impact</th>
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**Short Answer (Format options: written essay or videotaped responses will be accepted):**

Answer the following questions using 150–300 words per question. Although your response should be concise (and typed if possible), please be specific.

2. List specifics skills and unique qualities that you possess and describe how these skills/qualities can benefit the Council. (no more than four examples)
   a. 
   b. 
   c. 
   d. 

3. What would you change about your community or school if you had the power to do so?

4. What is the most important issue facing Washington youth? How would you use your experience as a LYAC member to affect this issue?

5. The Legislative Youth Advisory Council makes every effort to ensure the Council members represent the diverse population of Washington State residents. Please describe what viewpoint(s) you can bring to LYAC and why it is important that these viewpoints be represented.
**Optional Section:**

Name: ____________________________ Email Address: ____________________________

How did you hear about the Legislative Youth Advisory Council?

- [ ] News/newspaper
- [ ] Senate Civic Education office
- [ ] Lt. Governor’s Web site
- [ ] Legislators or other public officials
- [ ] Teacher and/or school
- [ ] LYAC member
- [ ] LYAC Web site
- [ ] Page School
- [ ] Other: ____________________________

If your application is not selected, would you still like to be involved in LYAC in other ways?

- [ ] Yes! I would like to be a LYAC contact for my school and town!
- [ ] Yes! LYAC can contact me with surveys or questions about my concerns and ideas!
- [ ] Yes! Sign me up for information about LYAC and newsletters!
- [ ] Yes! Let me know when the next LYAC meeting is!
- [ ] Not at this time.
**LYAC RECOMMENDATION FORM**

**Directions:** Please ask an adult in a supervisory role to provide a recommendation on your behalf using the form below. Examples of “an adult in a supervisory role” include: teachers, employers, supervisors, youth group leaders, etc.

Please include this recommendation as part of the completed LYAC application. When preferred, your supervisor may mail this form separately using the following address: *(All application materials must be postmarked by the extended deadline of Monday, July 2, 2012 in order to be considered.)*

*Legislative Youth Advisory Council*
*Attn: Vittrice Abel*
[Vittrice.Abel@k12.wa.us](mailto:Vittrice.Abel@k12.wa.us)*
*Old Capitol Building*
*PO Box 47200*
*Olympia, WA 98504-7200*

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Name of Supervisor:</th>
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<tbody>
<tr>
<td>School/Organization:</td>
<td>Relationship to applicant:</td>
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<td>Email address:</td>
<td>Phone: ( )</td>
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<td>Address:</td>
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<td>City:</td>
<td>State: <strong>WA</strong></td>
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The applicant is applying to serve on the Washington State Legislative Youth Advisory Council, a 22-member council with the purpose of advising the legislature on issues of importance to youth. Members meet up to six times per year and participate in outreach among the youth community and advise the legislature. Every student on the Council serves for two years and must be between the ages of 14 and 18 when applying.

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<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A or Unknown</th>
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<tr>
<td>Passionate about creating change in his/her community</td>
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<td>Mature</td>
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<td>Interested in the political process</td>
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<td>Good work ethic</td>
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<td>Strong Leadership Ability</td>
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<td>Dedication</td>
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<td>Works well with peers</td>
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<td>Works well with adults</td>
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☐ I recommend this student ☐ I do not recommend this student.

Comments:
OPTIONAL: OSPI APPLICANT PROFILE DATA FORM

To ensure equal opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. This information will not be used in the application review process. Please review the Affirmative Action Definitions below.

Name: ____________________________________________________________________________ Date: __________________________________________

1. What race or culture do you consider yourself? *If you are more than one race, please check "Other Race."

   - [ ] Aleut
   - [ ] Cambodian
   - [ ] Filipino
   - [ ] Hispanic
   - [ ] Korean
   - [ ] Spanish
   - [ ] Asian
   - [ ] Chinese
   - [ ] Guamanian
   - [ ] Indian
   - [ ] Laotian
   - [ ] Vietnamese
   - [ ] Black
   - [ ] Eskimo
   - [ ] Hawaiian
   - [ ] Japanese
   - [ ] Latino(a)
   - [ ] White
   - [ ] Native American
   - [ ] Other Race (specify/indicate race or culture): __________________________________________

If you are more than one race, also check "Multi-Racial" and indicate your preference for Affirmative Action purposes:

   - [ ] Multi-Racial: _______________________________________________________

2. Are you?
   - [ ] Male
   - [ ] Female

3. Are you a dependent of U.S. Armed Services member?
   - [ ] Yes
   - [ ] No

4. What type of school/educational program are you currently enrolled in: (check all that apply)
   - [ ] Public
   - [ ] Private
   - [ ] Homeschool
   - [ ] Running Start
   - [ ] Other: __________________________________________

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks?
   - [ ] Yes
   - [ ] No

Date of Birth: _____/_____/_____

Signature: _____________________________________________________________

Affirmative Action Definitions
American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.