

# HCSS, Inc.

## Hanover Community Support Services, Inc. Youth Advisory Council Application

Hanover Community Support Services is a 501 (c)(3) non-profit organization, which provides financial support to citizens with developmental disabilities, mental health challenges, and substance use disorder in Hanover County, Virginia.

HCSS works collaboratively with Hanover County Community Services Board (CSB) and other organizations to identify and support individuals, caregivers, and families in need of financial assistance. To learn more about HCSS, please visit our website [hcss-inc.org](http://hcss-inc.org) or follow us on Facebook for more frequent updates.

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This year the HCSS youth advisory council has several available spots to students at *Atlee High School, Hanover High School, Mechanicsville High School and Patrick Henry High School* and is open to rising sophomores and above. Students with the following qualifications will be considered for the youth seat:

- GPA of a 3.0 or higher
- Be a Hanover County Resident
- Attend a Hanover County Public School
- Have community service or work experience with people who have developmental disabilities, mental health challenges, and/or substance use disorder
- 1 Letter of Recommendation will be required and an essay
- Please be aware the Youth Advisory Council typically meets quarterly (a minimum of 4 times a year)

Applications must be submitted and postmarked by **May 30, 2025**. Please mail your completed application to:

P.O. Box 1594  
Ashland, Virginia 23005

Please contact us at [admin@hcss-inc.org](mailto:admin@hcss-inc.org) with any questions regarding the submission of your application.

## HCSS Youth Advisory Council Application

Full Given Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

High School Attending: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_

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

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

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

Relationship to applicant: \_\_\_\_\_

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**\* Please feel free to add additional pages if more space is needed to answer any of the following questions.**

How did you hear about our Youth Advisory Council: \_\_\_\_\_

\_\_\_\_\_

Please list any work experience that you have (within the community we serve) if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any volunteer experience (Please include ALL types of volunteerism and length of service, not just those within the community that HCSS serves.)

\_\_\_\_\_

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Please list any clubs or extracurricular activities you are involved in at your school and in your community and the length of involvement. \_\_\_\_\_

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What are your interests/hobbies? \_\_\_\_\_

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**Essay: Tell us about an experience that had a significant influence on your life that occurred while working or serving within the special needs or mental health/substance use communities.**

**\*Your essay must be a minimum of 500 words. Use 12-point font, double-spaced with 1-inch margins. Attach your essay to the application.**

Letter of Recommendation: You will also need 1 letter of recommendation submitted with your application. You may either mail it with your application or the reference can email it to HCSS at [admin@hcss-inc.org](mailto:admin@hcss-inc.org) and include the applicant's name in the subject line.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
If applicant is under 18 years of age

\_\_\_\_\_  
Date

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