

**New England Youth Coalition
Member Application**
www.neyouthcoalition.org



Youth Advocate Contact Info

Government Name (First, Last)									
Preferred Name				Gender Pronouns			DOB		
Mailing Address:			City			State		Zip	
Phone Number				Can you receive text messages? Y N					
Email									

Non-NEYC Adult Supporter Info

Government Name (First, Last)	
Preferred Name	
Phone	
Email	
Relationship	

Please list examples of your community & social involvement and/or leadership experience:

Organization/Activity	Position	Date(s)
Organization/Activity	Position	Date(s)
Organization/Activity	Position	Date(s)

Please answer the following questions to give us an overview of your interests and activities:

Are you currently employed? If yes, where and how many hours/week?

Are you currently enrolled in an educational institution (ie. high school, college, vocational school, etc.)? Y N
What are your future educational goals?

Are you a leader within your state’s child welfare system (ie. youth advisory board, panels, etc.)? Y N
If yes, please explain.

Please list any awards, honors, special projects, or anything else you would like us to know about.

Please answer the following questions regarding NEYC involvement:

What is one short-term goal you hope to achieve with the New England Youth Coalition?

What is one long-term goal you hope to achieve with the New England Youth Coalition?

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If selected to represent your state, what skills or passions will you bring to NEYC?

New England Youth Coalition Agreement

I agree to be an advocate for those who cannot advocate for themselves.

I agree to not only be a leader in the NEYC meetings, but in my state as well.

I agree to participate in all of the activities NEYC has to the best of my ability.

I agree to communicate with my adult supporter(s) and other members of NEYC.

By signing below, I am agreeing to uphold the NEYC Code of Conduct.

Print Name

Signature

Date