

You may be a possible candidate for participation in the Franklin County Children Services' Youth Advisory Board. If you are interested after reviewing the information below, we encourage you to complete the accompanying application and send it to:

Franklin County Children Services
Attention: Deric Cobb
855 W. Mound Street
Columbus, OH 43223
614-341-6027

The Youth Advisory Board is comprised of teens and young adults ages 14 – 24 who are in or have been in foster care. The council will meet on a regular basis with the intent of developing leadership skills, while making foster care a more productive experience for children.

Participation in the council offers an opportunity for:

- Making life better for youth in care.
- Earning community service hours and getting leadership experience.
- Exposure to community leaders and possible career mentoring.
- Mentoring younger children who are entering placement.
- Interaction with youth in similar situations.

We hope you'll take the time to consider this opportunity and complete the application.

Following submitting your application, you will be contacted by the adult supporters for an interview time and location.



Application for Membership to Youth Advisory Board

| Name: | | |
|--|-------------------------------|---------------------|
| Address, City, Zip: | | |
| Phone number to best reach | you: | |
| E-mail address: | | |
| Date of Birth: | Ethnicity/Race: | |
| Gender: | | |
| Were you ever or are you cur Care Independent Liv | rently in Foster Care | _ Kinship |
| If not currently in any of the | above settings where do yo | u currently reside: |
| If in foster care or residential | l placement what is the nan | ne of your network? |
| What school do you attend? | | What is your GPA? |
| What extra-curricular activit | ties are you currently involv | ved in: |
| | | |



| List one or two references whom we can contact about your character and determination. |
|--|
| 1. Name: |
| Relationship to you: |
| Address: |
| Phone number: |
| |
| 2. Name: |
| Relationship to you: |
| Address: |
| Phone number: |

Please submit a copy of your current report card and any other certificates of school activities.

We also need a one page written/typed summary explaining why you think you would be a good candidate for the Youth Advisory Board.