

Children's Action Alliance • 3030 N. Third Street, Suite 650 • Phx, AZ 85012

## YOUNG ADULT LEADERSHIP BOARD APPLICATION

**ABOUT YOU:** Tell us about yourself.

Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Race (*optional*):

- White    Hispanic or Latino    Black or African American  
 Native American or American Indian    Asian / Pacific Islander    Other

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County of residence: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  Home  Work  Other

E-mail: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Still in foster care (Including Young Adult Program/Independent Living Program)? \_\_\_\_\_

DCS Case specialist name: \_\_\_\_\_

How did you hear about the Fostering Advocates Arizona Young Adult Leadership Board?

**CURRENT LIVING SITUATION:** Tell us about your current living situation.

- Group home    Foster home    Living independently    Other, please specify:

Name of caregiver if in foster/relative care: \_\_\_\_\_

Caregiver email: \_\_\_\_\_ Caregiver phone: \_\_\_\_\_

**EDUCATIONAL INFORMATION** Are you currently enrolled in one of the following?

- High school    College    Trade school    GED classes    Not in school

If in high school, name of high school: \_\_\_\_\_

If in college or trade school:    Full time (*12 or more credits*)    Part time (*less than 12 credits*)

Name of college or trade school attending: \_\_\_\_\_

If not in school, do you have a diploma / GED?    Yes    No

**EMPLOYMENT/VOLUNTEER ACTIVITIES:** Tell us about your current job and/or volunteer service.

Are you employed?       Yes       No      If yes, how many hours per week do you work? \_\_\_\_\_

Do you participate in volunteer community service activities?       Yes       No

If yes, how many hours per week do you do these activities? \_\_\_\_\_

If volunteering, where do you volunteer? \_\_\_\_\_

Please describe your responsibilities in your volunteer service and/or your job:

**EXPERIENCE:** Please describe how your relevant work, school and/or volunteer activities have helped you prepare for service on the Young Adult Leadership Board:

**OTHER ACTIVITIES:** Tell us about other important obligations/activities you are involved with in the space below: *(for example: parenting, caring for a relative, etc)*

**GOALS & INTERESTS:** How do you envision being involved on the Young Adult Leadership Board?

Public Speaking     Event Planning     Workshop Facilitation     Improving Laws

Youth Outreach     Strengthening Services/Supports     Advocacy

Marketing     Other:

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YOUNG ADULT LEADERSHIP BOARD APPLICATION • CONTINUED

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Mark all the qualities that you would bring to the Young Adult Leadership Board:

- |                                     |                                      |  |   |                                     |
|-------------------------------------|--------------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Risk-taker  | <input type="checkbox"/> Initiative/Motivation | <input type="checkbox"/> Socially Responsible | <input type="checkbox"/> Confident  |
| <input type="checkbox"/> Outspoken  | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Articulate            | <input type="checkbox"/> Knowledgeable        | <input type="checkbox"/> Animated   |
| <input type="checkbox"/> Objective  | <input type="checkbox"/> Empathetic  | <input type="checkbox"/> Creative              | <input type="checkbox"/> Free-Spirited        | <input type="checkbox"/> Focused    |
| <input type="checkbox"/> Determined | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Generous              | <input type="checkbox"/> Assertive            | <input type="checkbox"/> Easy-going |
| <input type="checkbox"/> Smart      | <input type="checkbox"/> Optimistic  | <input type="checkbox"/> Realist               | <input type="checkbox"/> Intuitive            | <input type="checkbox"/> Inventive  |
| <input type="checkbox"/> Loyal      | <input type="checkbox"/> Patient     | <input type="checkbox"/> Dependable            | <input type="checkbox"/> Driven               | <input type="checkbox"/> Passionate |

Board meetings occur once per month in Phoenix. Do you have reliable transportation?

- Yes    No    Maybe (depending on day/time)

Please briefly explain your plans for transportation to Board meetings and events:

Which of the following do you have regular access to?

- Phone    E-mail    Internet    Texting    Computer    Webcam    Skype

Please circle your preferred mode of communication below:

- Phone    E-mail    Internet    Texting    Computer    Webcam    Skype

Sign here: \_\_\_\_\_ Today's date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Please sign, print and scan your completed application via email to: **fosteringadvocatesaz@gmail.com**

You can also send applications postal mail to:

**Children's Action Alliance, 3030 N Third Street, Suite 650, Phoenix, AZ 85012.**

A representative from the initiative will contact you regarding scheduling a phone interview.

