

YOUTHNET • Youth Advisory Board Application

YouthNet is a South Orange/Maplewood organization that's all about teens – what's for teens, what should be for teens, what's being said by teens.

Youth Advisory Board is the teen group that is a part of **YouthNet** . It is made up of Middle and High School students, coming together to speak out for teens, and to work with other community members about teen issues.

YAB's MISSION IS:

To provide a voice for the youth of Maplewood and South Orange.

To create change and bring forth new ideas

To plan, promote, and implement programs and services for youth

To be involved in your community

YAB's REQUIREMENTS ARE:

Grades 6 - 12

Resident of South Orange or Maplewood

Must be able to attend monthly meetings

Be willing to participate, voice your opinions, and work as part of a team

Must submit an application by Monday October 1st, 2007.

Applicant's Name _____

Home address _____

Home phone _____ Cell phone _____

Applicant's email address _____

Parent's or Guardian's name _____

School attending in fall 2007 _____ Grade in fall 2007 _____

1. List your skills, hobbies, or interests:

(You may use the back of this paper if you need more room for any of these questions)

2. How or why would you like to help out in your community?

3. What do you think the youth of Maplewood/South Orange need or want?

4. **YAB MEETINGS** will be once a month at the public library. What time of day would be most convenient for you? Check as many times as apply:

3:30 pm

4:00 pm

6:00 pm

7:00 pm

In addition, **YouthNet** meetings are on the 4th Tuesday of each month at 7:30 pm. YAB members are invited to attend these monthly planning meetings, but not required to attend.

5. **REFERENCE FORM:** Please pick one person who knows you well (not a family member) to serve as a reference for you. **GIVE THEM THE REFERENCE FORM PAGE OF THIS APPLICATION & HAVE THEM RETURN IT TO US BY OCTOBER 1st.**

Write your reference's name and phone number here:

_____ name of reference

_____ phone number

6. **TO THE STUDENT:**

I understand that I must commit some time to be on the Youth Advisory Board. I will attend all regularly scheduled meetings each month, as well as other scheduled subcommittee meetings/projects as set by the **YAB**.

_____ Student's signature

_____ Date

7. **TO THE PARENT/GUARDIAN:**

I understand that my child is applying for a position on the Maplewood & South Orange Youth Advisory Board. I understand that the **YAB** is a one year commitment (Nov. 2007 – Oct. 2008). I will support my child if he/she is selected and assist them in getting to scheduled meetings and with projects they are working on.

_____ Parent's / Guardian's signature

_____ Date

THIS YAB APPLICATION MUST BE SUBMITTED BY October 1st, 2007 TO:

The CHS, MMS, or SOMS school library

or: the Maplewood Public Library, 51 Baker Street, Maplewood, NJ 07040

or: the South Orange Public Library, 65 Scotland Road, South Orange, NJ 07079

For more information, please contact:

Jane Folger at the Maplewood Library 762-1622 ext 5005 jfolger@maplewoodlibrary.org

or Beth Halliday at the South Orange Library (973) 762-0230 bhalliday@sopl.org

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Applicant: Please give this form to a non-family member adult who knows you well. This could be a teacher, a mentor, a coach, or a neighbor. Please make sure they complete the form & submit it to us by October 1st, 2007.

Reference: You were given this form because the applicant below is applying to join the YouthNet Youth Advisory Board. Your input and support of this person can help them to join the YAB.

Applicant's Name _____

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Please comment below (and on the other side if necessary) on why you think this person should be a member of the YouthNet YAB. Consider what unique qualities and talents this person can bring to the community.

Reference's name _____

Signature of Reference _____

Date _____ Phone number of Reference _____

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