

## World Vision U.S. Programs

# NATIONAL YOUTH ADVISORY COUNCIL APPLICATION PACKET



Dear Young Leader,

World Vision is pleased to announce we are accepting applications for our fourth annual National Youth Advisory Council (NYAC)! This is an exciting opportunity to impact an international organization, be a part of the youth empowerment movement in the US, grow in your leadership skills, develop friendships around the country, and positively influence other young people in your community.

World Vision believes that youth have an important voice and should embrace the power to use it. The NYAC will serve to influence World Vision's work with young people around the country as well as create more significant youth-adult partnerships within US Programs.

There are spots for one or two young people from each of our program sites around the country to serve on the council. This opportunity will require commitment and dedication from each young person involved. Please review carefully the purpose, qualifications, commitment, and benefits associated with this exciting opportunity. **Applications are due August 22<sup>rd</sup>!**

Thank you for your consideration and even greater thanks for your leadership in YEP thus-far. We look forward to hearing from you!



Leonetta Espy-Elaiho  
World Vision | US Programs | National Director, Youth Initiatives & Community Advocacy

This packet includes:

- Overview
- Application
- Parental Acknowledgement and Support form
- Parent Consent form (for Orientation)
- Adult Recommendation Form
- Peer Recommendation Form
- Covenant Commitment
- Photo release form
- White House Tour Form (optional)

# NATIONAL YOUTH ADVISORY COUNCIL OVERVIEW

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## What is the purpose of the Council?

The overall purpose of World Vision’s National Youth Advisory Council is to give voice to youth from World Vision’s US Programs field sites by advising our national staff around projects, programs, and actions that impact youth in their respective communities. Through this work, the council will ensure that decisions that affect young people have been carefully considered through the eyes of a young person. The council will work to bridge the gap between adults and youth and improve unity, communication, and partnership throughout World Vision’s development work in the US. The council may also work on special projects such as the development of a website.

## What do I need to do to apply?

The application process is now open! Applications must be mailed to World Vision’s National Office, postmarked **by August 22<sup>rd</sup>**.

World Vision  
Kaitlyn Clark  
P.O. Box 9716, MS 475  
Federal Way, WA 98063-9716

A selection committee will review the applications to make the final selection. You will receive a letter from World Vision by mail informing you of the status of your application in September.

For full consideration, be sure to turn in a complete application:

## **CHECKLIST!**

- Application
- Color Photo of Yourself Attached to the Application
- Parental Acknowledgement and Support Form
- Parent Consent form
- Adult Recommendation Form
- Peer Recommendation Form
- Covenant Commitment
- Photo Release Form

## Application Process Timeline:

<b>August 22<sup>rd</sup></b>	Applications due
<b>September 3<sup>rd</sup></b>	Selection Committee reviews applications and make selections
<b>October 21-24 *</b> *Date subject to change	Fall Orientation in Seattle, WA *Students will miss school October

### **Who is qualified to apply for the NYAC?**

- ◆ Young people between ages 15-21
- ◆ Young people living in one of World Vision's program neighborhoods
- ◆ Young people who have participated in the Youth Empowerment Program or other World Vision programs for a minimum of one year
- ◆ Young people who have unique ideas and experiences
- ◆ Young people who have leadership skills and a commitment to their peers and community
- ◆ Young people who are currently attending school (if 18 or younger)
- ◆ Young people who have plenty of enthusiasm, motivation, drive, passion and commitment
- ◆ Young people who are able to commit about 8 hours per month (see calendar)
- ◆ Young people who have internet access to participate in monthly meetings

### **What will my commitment be?**

- ◆ Each young person must commit to serve the council 11 months from October 2011 until the end of August 2012
- ◆ The NYAC Fall Retreat will be in Seattle, WA on October 21-24th, 2011
- ◆ Participation in nine monthly meetings (with the exception of the retreat and the July Summit, these will be conference calls; see calendar)
- ◆ For each month on the Council, each member will be asked to spend about 8 hours in board related duties (2 hour meeting, 3 hours of reading, 3 hours of other duties as assigned, such as gathering information from your peers, etc.)

### **Will this experience benefit me?**

YES! As you invest your time, talent, and treasure in World Vision, we are committed to investing in you as well. The experience of serving on the NYAC will be a mutually transformative one. Here are some of the benefits that you can expect as a member of the council:

- ◆ Friendship and community with other young people from around the country
- ◆ Development of personal leadership skills as well as knowledge and relationships that will help you in your future
- ◆ Be a representative for the young people in your community to a national organization
- ◆ Help evaluate and influence the way World Vision uses its resources in your community
- ◆ Support, coaching, and mentoring from World Vision's national US programs staff
- ◆ Expenses-paid trip to Seattle, Washington for Fall Orientation
- ◆ Receive a laptop during your term as a councilmember – you will use it for monthly online meetings and may also utilize it for personal use and educational use.
- ◆ Add a great experience with one of the planet's largest humanitarian organizations to your list of accomplishments for college applications and resumes.

## 2011 – 2012 NYAC GENERAL CALENDAR

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MONTH	ACTIVITY
September	Orientation conference call meeting
October	Fall Orientation in Seattle, WA
November	Conference call meeting
December	Conference call meeting
January	Conference call meeting
February	Conference call meeting
March	Conference call meeting
April	Conference call meeting
May	Conference call meeting
June	Conference call meeting
July	Youth Empowerment Summit in Washington, DC (date tbd)
August	Final conference call meeting & wrap up

If you have any questions or concerns, please feel free to contact:

Kaitlyn Clark

[Kclark@worldvision.org](mailto:Kclark@worldvision.org)

253-815-3068

Matthew Belgie

[mbelgie@worldvision.org](mailto:mbelgie@worldvision.org)

412.586.4726

# NATIONAL YOUTH ADVISORY COUNCIL APPLICATION

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- ✓ Print legibly in pen
- ✓ Attach a color photo of yourself to this application

## Contact Information

Legal Name (First, MI, Last): \_\_\_\_\_

Name you prefer to go by, if different than above: \_\_\_\_\_

Street Address (no P.O. Boxes): \_\_\_\_\_

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

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Ethnic or Cultural Group (optional): \_\_\_\_\_

## 2011 – 2012 School Year

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### World Vision Programs you have participated in (check all that apply):

- Youth Empowerment Program (YEP) – Check the year(s) of your involvement:  '08  '09  '10  '11
- World Vision Summer Fellowship – Check the year(s) of your involvement:  '09  '10  '11
- Storehouse Volunteer  '09  '10  '11
- KidREACH  '09  '10  '11
- Other – please explain: \_\_\_\_\_

List and describe leadership positions, extracurricular activities, sports and/or

volunteering you do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Internet and Email Information**

What is the best way to get in contact with you (check all that apply):

email  cell phone  home phone  text  facebook  other \_\_\_\_\_

Do you have access to a computer with reliable internet for our monthly calls?

Yes  No

How often do you check email?

- Everyday
- Several times a week
- Once each week
- Once each month

Do you have a Facebook account?

Yes  No

If you answered yes, how often do you check your Facebook account?

- Everyday
- Several times a week
- Once each week
- Once each month

**Other Information**

Shirt Size (shirts are adult sizes, circle one):    **S   M   L   XL   XXL   3XL**

Dietary Restrictions/ Medical Conditions: \_\_\_\_\_

Travel Preferences (circle one): window/aisle seat

**Parent/guardian contact information:**

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Recommendations**

Recommending Adult's Name: \_\_\_\_\_

*An adult reference can be a school teacher, a pastor, a mentor, a coach, or anyone that has spent significant time with you in a learning environment. Do not ask a family member to be your adult reference.*

Recommending Peer's Name: \_\_\_\_\_

*A peer can be another young person that knows you well*

World Vision Staff: \_\_\_\_\_

# SHORT ANSWER QUESTIONS

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We want to learn more about you and why you are interested in this opportunity!

- ✓ Response to each questions should be 25 – 100 words
  - ✓ Responses should be typed or very neatly handwritten
  - ✓ Responses should be on a separate sheet of paper(s)
  - ✓ Attach your responses to your application
1. Why do you want to be a member of World Vision’s National Youth Advisory Council?
  2. What special skills or talents (such as critical thinking or humor) can you bring to the Council?
  3. If you could have lunch with any public figure (alive or dead), who would it be and why?
  4. Describe a specific situation in which you demonstrated commitment.
  5. Please finish the statement and elaborate. A leader is someone who...
  6. Describe your community in one sentence.
  7. What issues do young people face in your community? What should be done to improve the lives of youth in your neighborhood?

# ADULT RECOMMENDATION FORM

Applicant's Name: \_\_\_\_\_

Adult's Name: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

**To the Recommender:** This young person is applying to be a member of World Vision's National Youth Advisory Council. The purpose of the National Youth Advisory Council is to provide an opportunity for youth from World Vision's domestic program areas to advise national staff about World's Vision's projects, programs, and actions that affect youth in their respective communities. Once completed and signed, please return this form to the applicant in a sealed envelope.

Please check the box that most accurately describes the student:

	Outstanding	Good	Average	Below Average
Academic Achievement				
Maturity				
Work Ethic				
Ability to work as a team member				
Initiative				
Integrity				
Motivation				

What else do you want us to know about this student as we consider him/her for the council?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

# PEER RECOMMENDATION FORM

Applicant's Name: \_\_\_\_\_

Recommending Peer's Name: \_\_\_\_\_

To the Peer Recommender: Your peer is applying to be a member of World Vision's National Youth Advisory Council. The purpose of the National Youth Advisory Council is to provide an opportunity for youth from World Vision's domestic program areas to advise national staff about World's Vision's projects, programs, and actions that affect youth in their respective communities. Once completed and signed, please return this form to the applicant in a sealed envelope.

Please check the box that most accurately describes your peer:

	Outstanding	Good	Average	Below Average
Academic Achievement				
Maturity				
Work Ethic				
Ability to work as a team member				
Initiative				
Integrity				
Motivation				

In your own words, please tell us a little bit about why you think your peer would do well in this role.

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Signature: \_\_\_\_\_

# NATIONAL YOUTH ADVISORY COUNCIL COVENANT COMMITMENT

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**Please read the following carefully before signing**

**If selected as a member of the 2011 – 2012 National Youth Advisory Council, I  
(print name) \_\_\_\_\_ commit to the  
following:**

- ◆ To serve on the council for one year starting in October, 2011 and running through August 2012.
- ◆ To attend the NYAC Orientation in Seattle, WA in October, 2011.
- ◆ To participate in ten other monthly meetings during the year
- ◆ To spend 8 hours in board related duties each month (2 hour meeting, 3 hours of reading, 3 hours of other duties as assigned, such as gathering information from your peers, etc.)
- ◆ To work collaboratively with other members of the council
- ◆ To be responsive, be on time, and be committed
- ◆ To take advantage of this opportunity and push myself out of my comfort zone!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## PARENTAL/GUARDIAN SUPPORT NATIONAL YOUTH ADVISORY COUNCIL

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I \_\_\_\_\_ (parent/guardian's name) am aware that  
\_\_\_\_\_ (name of young person) is interested in being a part of the World  
Vision's National Youth Advisory Council and I support his/her participation in this project.

I am aware:

- ◆ There is a \$200 registration fee for my youth's participation at the Youth Empowerment Summit, which will be due prior to the Summit in July 2012. World Vision staff will provide tools to assist my youth to fundraise this fee, if necessary.
- ◆ My youth will be gone overnight **on October 21-24<sup>th</sup>** to participate in a Council Orientation (\*Dates subject to change)
- ◆ I am aware that my youth will be required to miss school in the fall to attend the Council Orientation in Seattle, WA.
- ◆ I give my youth permission to travel by airplane and ground transportation for the Council Retreat and YEP Summit, which will be arranged by World Vision.
- ◆ I am comfortable with my youth traveling unaccompanied to the Council Orientation in Seattle, WA and/or YEP Summit in Washington, D.C.
- ◆ My youth will be asked to commit to 8 hours a month for 11 months (a monthly virtual meeting- 2hrs, assigned reading- 3hrs, and other duties as assigned-3 hrs)

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact phone number (\_\_\_\_\_) \_\_\_\_\_

Alternative contact number (\_\_\_\_\_) \_\_\_\_\_

## PARENT CONSENT FORM NATIONAL YOUTH ADVISORY COUNCIL

Event:	<b>National Youth Advisory Council Retreat</b>	<b>Youth Empowerment Summit</b>
Date:	<b>October 21-24, 2011</b> * <small>* Dates subject to change</small>	<b>July 2012 (TBD)</b>
Location:	<b>Seattle, Washington</b>	<b>Washington, DC</b>

Event Participation Approval

I give permission for my child [print child's name] \_\_\_\_\_ to participate in the National Youth Advisory Council Fall Retreat in Seattle, WA and in the Youth Empowerment Summit in Washington, DC. I understand that there will be adult supervision provided at all times during these events. I understand that World Vision will arrange my child's travel and transportation and that my child may have to travel unaccompanied to the Fall Retreat and/or the YEP Summit.

Medical Approval

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used in the event medical intervention is needed. I have provided details about that coverage below.

I understand all reasonable safety precautions will be taken at all times by World Vision and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I hereby release World Vision, Inc. and its directors, officers, employees, and volunteer staff from any liability for damages, losses, or injuries, whether of person or property, incurred by my child listed above, unless caused by the gross negligence of World Vision, Inc.

**Parent/Guardian Signature** \_\_\_\_\_

Parent/Guardian (print name) \_\_\_\_\_ Date \_\_\_\_\_

**Contact in Case of Emergency**

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name of Medical Insurance Carrier \_\_\_\_\_

Group Number or Plan \_\_\_\_\_