

YOUTH ADVISORY COUNCIL APPLICATION



REPRESENTATIVE MARCIA L. FUDGE

U.S. MEMBER OF CONGRESS, OHIO'S ELEVENTH CONGRESSIONAL DISTRICT

WWW.FUDGE.HOUSE.GOV

CUYAHOGA COUNTY DISTRICT OFFICE

4834 RICHMOND ROAD, SUITE 150
WARRENSVILLE HEIGHTS, OH 44128
(216) 522-4900

SUMMIT COUNTY DISTRICT OFFICE

1225 LAWTON STREET
AKRON, OH 44320
(330) 835-4758

APPLICATION GUIDELINES

- ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.
- A COMPLETED APPLICATION CONSISTS OF: APPLICATION FORM, SHORT ANSWER RESPONSES, RESUME IS OPTIONAL, THREE LETTERS OF RECOMMENDATION INCLUDING ONE LETTER FROM YOUR PRINCIPAL (OR IF NON-TRADITIONAL STUDENT YOUR PROGRAM COORDINATOR), STUDENT AGREEMENT FORM AND AUTHORIZATION TO USE IMAGE FORM.
- ELIGIBLE APPLICANTS MUST BE:
 - ENROLLED IN 11TH OR 12TH GRADE
 - OR
 - YOUTH (AGES 16-18 AT TIME OF APPOINTMENT) INVOLVED IN NON-TRADITIONAL SCHOOL PROGRAMS, JOB TRAINING PROGRAMS OR WORKING TOWARDS A GED.
- APPLICANT MUST RESIDE OR ATTEND SCHOOL IN THE 11TH DISTRICT OF OHIO. IF YOU ARE NOT SURE IF YOU RESIDE IN THE DISTRICT, PLEASE VISIT WWW.HOUSE.GOV AND USE THE “FIND YOUR REPRESENTATIVE” LINK LOCATED IN THE TOP RIGHT CORNER.
- APPLICATION MUST BE RECEIVED BY THE OFFICE OF CONGRESSWOMAN MARCIA L. FUDGE NO LATER THAN 5:00 P.M., DECEMBER 14, 2015. THE FIRST MEETING IS SCHEDULED FOR SATURDAY, JANUARY 9, 2016 AT 10:00 A.M. LOCATION TO BE DETERMINED.



REPRESENTATIVE MARCIA L. FUDGE
U.S. MEMBER OF CONGRESS, OHIO'S ELEVENTH CONGRESSIONAL DISTRICT

STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SCHOOL/PROGRAM: _____ GRADE LEVEL: _____

SCHOOL DISTRICT: _____

HOME PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

EMAIL: _____

**PLEASE LIST ALL RELEVANT CLASSES, CLUBS, ORGANIZATIONS AND EXTRACURRICULAR ACTIVITIES
(INCLUDING LEADERSHIP ROLES):**

HOW DID YOU HEAR ABOUT CONGRESSWOMAN MARCIA L. FUDGE'S YOUTH ADVISORY COUNCIL?

☐ WEBSITE

SOCIAL MEDIA (FACEBOOK, TWITTER, ETC.)

SCHOOL

☐ OTHER: _____

PARENT/GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

EMAIL: _____

AUTHORIZATION TO USE IMAGE

***I** CONSENT TO MY MINOR CHILD'S / OR MY (APPLICABLE TO INDEPENDENT MINORS) PHOTOGRAPH BEING TAKEN OR IMAGE RECORDED IN CONNECTION WITH CONGRESSWOMAN MARCIA L. FUDGE'S ELEVENTH CONGRESSIONAL DISTRICT YOUTH ADVISORY COUNCIL AND ITS ACTIVITIES. FURTHERMORE, I AUTHORIZE THE USE OR RELEASE FOR PUBLICATION OF MY CHILD'S NAME, IMAGE AND/OR VOICE AS MAY BE CAPTURED BY PHOTOGRAPHY, VIDEO OR AUDIO RECORDING WHILE ATTENDING OR PARTICIPATING IN ACTIVITIES ASSOCIATED WITH THE YOUTH ADVISORY COUNCIL, IN ANY MEDIUM, FOR ANY PURPOSE, INCLUDING ILLUSTRATION, PROMOTION, MARKETING OR ADVERTISEMENT.

CHILD'S NAME (PRINT): _____

CHILD'S DATE OF BIRTH (MM/DD/YYYY): _____

PRINTED NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF CHILD (IF 18 , OR AN INDEPENDENT MINOR): _____

DATE: _____

PLEASE COMPLETE THE FOLLOWING FOUR QUESTIONS

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS USING NO MORE THAN 250 WORDS FOR EACH ANSWER. (IF YOU REQUIRE ADDITIONAL SPACE YOU MAY ATTACH ANOTHER SHEET. HOWEVER, YOU MUST REMAIN IN THE 250 WORD LIMIT.)

1. WHY DO YOU WANT TO SERVE ON CONGRESSWOMAN FUDGE'S YOUTH ADVISORY COUNCIL?

2. WHAT ARE SOME CHALLENGES THE YOUTH OF OHIO'S ELEVENTH CONGRESSIONAL DISTRICT FACE? HOW WOULD YOU WORK TO ADDRESS THESE CHALLENGES AS A MEMBER OF THE YOUTH ADVISORY COUNCIL?

3. WHAT CHALLENGES DO **YOUTH** FACE NATIONALLY? HOW WOULD YOU RESOLVE THESE CHALLENGES?

4. WHAT ISSUE (S) DO YOU FEEL PASSIONATE ABOUT AND WHY?

STUDENT AGREEMENT

I CERTIFY THE INFORMATION PROVIDED ON THIS APPLICATION AND ITS ATTACHMENTS IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE: _____

DATE: _____

I DO HEREBY GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE YOUTH ADVISORY COUNCIL AND UNDERSTAND THE TIME COMMITMENT INVOLVED FOR THIS PROGRAM.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

THE EFFECTIVENESS OF CONGRESSWOMAN MARCIA L. FUDGE'S YOUTH ADVISORY COUNCIL (YAC) DEPENDS ON MY ACTIVE PARTICIPATION AS A 2016 APPOINTEE OR ALTERNATE IF SELECTED, I AGREE TO THE FOLLOWING:

- I WILL ATTEND AND ACTIVELY PARTICIPATE IN GENERAL BODY MEETINGS, ASSIGNED COMMITTEE MEETINGS, EVENTS AND ACTIVITIES.
- IF I AM UNABLE TO ATTEND A REGULAR MEETING OR A COMMITTEE MEETING, I WILL CONTACT THE YAC STAFF LIAISON 2 DAYS BEFORE THE SCHEDULED MEETING.
- I WILL CHECK MY EMAILS REGULARLY AND RESPOND PROMPTLY TO ENSURE EFFECTIVE COMMUNICATION WITH YAC MEMBERS AND THE YAC STAFF LIAISON ENSUES.
- IF AFFORDED THE OPPORTUNITY I WILL PARTICIPATE IN A TRIP TO WASHINGTON, D.C.
- BELOW, I HAVE LISTED ACTIVITIES THAT MAY CONFLICT WITH MY ATTENDANCE AT THE YAC MEETINGS. (I.E. SPORTING EVENTS, HONOR CLUBS, EXTRACURRICULAR ACTIVITIES, ETC.).

| | ACTIVITY | TIME PERIOD | TIME OF EVENT IF KNOWN |
|----------|----------|--------------|------------------------|
| EXAMPLE: | BASEBALL | MARCH - JUNE | 9:00 A.M. – 12:00 P.M. |

APPLICANT SIGNATURE: _____ DATE: _____

COMPLETED APPLICATION CHECK LIST

- ☐ STUDENT INFORMATION (PAGE 3)
- ☐ PARENT/GUARDIAN INFORMATION AND AUTHORIZATION TO USE IMAGE FORM (PAGE 4)
- ☐ SHORT ANSWER QUESTIONS (PAGE 5-6)
- ☐ STUDENT AGREEMENT (PAGE 7)
- ☐ RESUME (OPTIONAL)
- ☐ YOU ARE REQUIRED TO SUBMIT THREE LETTERS OF RECOMMENDATION, SEE CATEGORIES BELOW:

1. PRINCIPAL (MANDATORY)

2. TEACHERS

3. SCHOOL COUNSELORS } PLEASE CHOOSE TWO ADDITIONAL RECOMMENDERS FROM THE LIST

4. COMMUNITY LEADERS

5. CLERGY

6. EMPLOYERS

YOUR COMPLETED APPLICATION MUST BE RECEIVED BY THE OFFICE OF CONGRESSWOMAN MARCIA L. FUDGE NO LATER THAN DECEMBER 14, 2015 BY THE CLOSE OF BUSINESS (5:00 P.M.).

MAIL: CONGRESSWOMAN MARCIA L. FUDGE
ATTN: ESTHER KELSCH
4834 RICHMOND ROAD, SUITE 150
WARRENSVILLE HEIGHTS, OH 44128

EMAIL: Esther.Kelsch@mail.house.gov

FAX: (216) 522-4908

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION OR THE YOUTH ADVISORY COUNCIL, PLEASE CONTACT THE OFFICE OF CONGRESSWOMAN MARCIA L. FUDGE AT (216) 522-4900.