



Thank you for your interest in applying for the Indiana Youth Advisory Board (“IYAB”). In order to be considered you must complete and submit the entire application including the required signatures.

Application Checklist

- Signed Youth Statement of Understanding**
- Signed Adult Supporter Statement of Understanding**
- Recommendation from Family Case Manager (“FCM”), Service Provider, or current IYAB member**

Send completed application to:

Jené Cofer-Phillips
Youth Engagement / Regional Specialist (Central)
Education and Training Voucher Program
Indiana Connected By 25, Inc.

229 Hendricks Place
Indianapolis, IN 46201
Office: 317.917.8940 / 855.577.1ETV (toll free)
Fax: 317.917.8943 / 855.577.2ETV (toll free)
Email: jene.cofer-phillips@incby25.org
Email: ctrlregion@indianaetv.org
Website: www.indianaetv.org
Website: www.incby25.org



Indiana Connected By 25's mission is to ensure that foster care youth are educated, housed, financially stable, employed and connected to a support system by age 25.

Applications are subject to the approval of the IYAB and the Indiana Department of Child Services (“DCS”) Local Office Director for the county of wardship or current residence if youth is no longer a ward.

Indiana Youth Advisory Board Application

Name: _____ County of Wardship: _____

Date application completed: _____ Region #: _____

Female Male Date of Birth: _____

CHINS Probation Voluntary (CHINS or Probation case dismissed and receiving voluntary services)

Address _____ City _____ Zip Code _____

County of Residence _____ Home Phone _____

Email Address _____ Alternate Phone _____

I. What is your current living situation?

Group Home Foster Home Living Independently Other, please specify _____

Name of caregiver if in foster/relative care _____

Email address of caregiver _____ Caregiver phone _____

2. Are you currently enrolled in one of the following?

High School College Trade School GED classes
 High School Diploma /GED Not in school

If in college or trade school Full time (4 classes or more) Part time (less than 4 classes)

Name of college or trade school attending _____

If not in school, do you have a GED? yes no

If no, what are you doing to obtain a GED? _____

3. Are you currently employed?

Yes No _____ # of hours weekly

4. Do you participate in volunteer community service activities?

Yes No ____ # of hours weekly

If volunteering, where do you volunteer? _____

Please describe your responsibilities _____

5. What is your interest in the IYAB?

6. What do you feel are your best qualities to offer to the IYAB?

7. Please describe relevant work, school or volunteer activities which have helped you prepare for service on the IYAB.

8. One of the expectations of the IYAB is to help influence and develop policies regarding youth in foster care. What are the issues that most interest you?

9. What has been your inspiration for change?

10.

IYAB meetings occur in different locations across the state on a monthly basis. You may be asked to participate in meetings that require travel outside your county of residence.

Please briefly explain your plans for transportation to IYAB meetings and events.

11. Which of the following do you have regular access to?

Phone Email Internet Texting

12. How frequently do you access the above?

Youth Statement of Understanding

If selected, I agree to be active in the Indiana Youth Advisory Board understanding both the expectations and time commitment. I understand that this is an application, not a guarantee of my selection for participation. Those expectations and responsibilities include: attending up to 12 meetings per year across the state, representing foster youth in a positive and professional manner, and doing my part to advocate for foster youth around the state. I hereby authorize the Indiana Youth Advisory Board to release the information on this form and all information regarding the goals and progress of the IYAB to DCS.

Youth's Signature _____ Date _____

Youth's Name Printed _____

Adult Supporter Statement of Understanding (required for youth still under wardship)

I understand the Indiana Youth Advisory Board meets up to 12 times per year across the state, primarily on Saturdays. If the above named applicant is elected, I commit to provide or arrange transportation for meetings held within Indiana. If I live more than 50 miles from the meeting location, overnight accommodations will be provided for the night before the meeting. I agree to provide or arrange for appropriate supervision for overnight meetings that are held within the state of Indiana. Compensation for mileage will be provided for official IYAB meetings.

Adult's Signature _____ Date _____

Adult's Name Printed _____

Recommendation from the youth's FCM, Service Provider, or current member of the IYAB

Name _____ Agency and/or Program _____

Role in youth's life _____ Phone _____ Email Address _____

Recommendations or Comments

Signature _____ Date _____