



**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:**

**Skye Berger**  
**[Skye.Berger@DCS.in.gov](mailto:Skye.Berger@DCS.in.gov)**

**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 \_\_\_\_\_

### 1. 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?**

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

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

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**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?**

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**9. What has been your inspiration for change?**

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**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.**

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

**Phone  Email  Internet  Texting**

**12. How frequently do you access the above?**

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**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

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