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-philips@incby25.org
Website: www.indianae4tv.org
Website: www.incb25.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_________________

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?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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 ___________________________