

Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200

The Legislative Youth Advisory Council

Phone:(360)725-4461
Fax: (360)664-3683
E-mail: lyac@leg.wa.gov
<http://lyac.leg.wa.gov>

Legislative Youth Advisory Council Application

Due Date: June 12, 2009

The Washington State Legislative Youth Advisory Council (LYAC) is a 22-member council of 14-18 year-old students from across the state of Washington. Applications are reviewed by the Council and the final selection is conducted by the Office of the Lieutenant Governor. Students serve on the Council for two years. Half of the Council (eleven students) is replaced every year.

Meetings are held three to six times per year, usually every other month. The meetings typically take place in Olympia or the greater Seattle area, but the Council plans to expand meetings to other areas in the future. Students are expected to attend all Council meetings and activities. Depending on the availability of funds, the Council will make every effort to reimburse youth for their travel expenses. Occasionally meetings are planned during the school week, especially during session; so many students are asked to take a day off from school. Meetings are usually one day events, but there are occasional overnight meetings.

Outside of the scheduled meetings, Council members are asked to continue the Council's work by contacting legislators to advise on pending legislation, drafting letters and legislative reports, reaching out to other youth and community organizations, and participating in Council conference calls.

Once the application deadline passes, select Council members hold an Application Review Committee meeting where Council members review and score each application. The Council may then choose to hold phone interviews with the finalists before making final recommendations to the Lieutenant Governor's office.

Applications may be sent via mail, fax, or e-mail. All applications must be postmarked by *June 12, 2009* in order to be considered. Please note that a teacher (or other adult in a supervisory role) must complete the attached evaluation to be turned in with your completed application. If you have any questions, please contact the Council by emailing lyac@leg.wa.gov or by phone at (360)725-4461.

Submit applications to:

*Legislative Youth Advisory Council
c/o Kelly Martin, Program Supervisor
Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200
LYAC@leg.wa.gov*

Thank you for your interest! We hope to meet you soon!

Sincerely,

Tucker Cholvin
Chair, Washington State Legislative Youth Advisory Council

Legislative Youth Advisory Council Application
(Please type or print in pen)

Applicant's first name: Applicant's last name:

Age on August 1, 2009 (applicants must be 14-18 years old at the time of appointment):

Date of Birth:

Address:

City: State: WA Zip Code:

School: Grade in the 2009-2010 school year:

Home phone: () Cell phone: ()

E-mail Address:

Parent/Guardian Information:

Parent/Guardian Name:

Work number: () Home number: ()

Cell number: ()_ Email address:

1. List and describe any relevant school, extra-curricular, or community activities and organizations that you are/were involved in. (What was your role in this activity and what impact did it have on you.)

Activity	Dates involved	Role	Impact

Short Answer (Format options: written essay or videotaped responses will be accepted):
Answer the following questions using 150-300 words per question. Although your response should be concise (and typed if possible), please be specific.

2. List specific skills and unique qualities that you possess and describe how these skills/qualities can benefit the Council. (no more than four examples)
 - a.
 - b.
 - c.
 - d.
3. What would you change about your community or school if you had the power to do so?
4. What is the most important issue facing Washington youth? How would you use your experience as a LYAC member to affect this issue?
5. The Legislative Youth Advisory Council makes every effort to ensure the Council members represent the diverse population of Washington State residents. Please describe what viewpoint(s) you can bring to LYAC and why it is important that these viewpoints be represented.

Optional Section:

Name:

E-mail Address:

How did you hear about the Legislative Youth Advisory Council?

- News/newspaper
- Senate Civic Education office
- Lt. Governor's website
- Legislators or other public officials
- Teacher and/or school
- LYAC member
- LYAC Website
- Page School
- Other: _____

If your application is not selected, would you still like to be involved in LYAC in other ways?

- Yes! I would like to be a LYAC contact for my school and town!
- Yes! LYAC can contact me with surveys or questions about my concerns and ideas!
- Yes! Sign me up for information about LYAC and newsletters!
- Yes! Let me know when the next LYAC meeting is!
- Not at this time.

LYAC RECOMMENDATION FORM

Directions: Please ask an adult in a supervisory role to provide a recommendation on your behalf using the form below. Examples of “an adult in a supervisory role” include: teachers, employers, supervisors, youth group leaders, etc.

Please include this recommendation as part of the completed LYAC application. When preferred, your supervisor may mail this form separately using the following address: (All application materials must be postmarked by June 12, 2009 in order to be considered.)

*Legislative Youth Advisory Council
c/o Kelly Martin, Program Supervisor
Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200*

Name of Applicant:

Name of Supervisor:

School/Organization:

Relationship to applicant:

Email address:

Phone: ()

Address:

City:

State: WA

Zip Code:

The applicant is applying to serve on the Washington State Legislative Youth Advisory Council, a 22-member council with the purpose of advising the legislature on issues of importance to youth. Members meet up to six times per year and participate in outreach among the youth community and advise the legislature. Every student on the Council serves for two years and must be between the ages of 14 and 18 when applying.

	Strongly Agree	Agree	Disagree	Strongly Disagreed	N/A or Unknown
Passionate about creating change in his/her community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested in the political process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student I do not recommend this student.

Comments: