



# CALIFORNIA ASSOCIATION OF YOUTH COURTS

## APPLICATION FOR YOUTH ADVISORY MEMBER

Each year, six youth members are selected to serve as advisory members to the Board of Directors of the California Association of Youth Courts. Youth members will be asked to give their opinion on many issues concerning the development of effective youth court programs in the state, as well as the annual CAYC Summit. The term is for one year, but may be renewed for successive terms if approved by the Board. *Please be concise with your answers and only type within the space provided at a legible font.*

Requirements:

- Must be active with a youth court program
- Must be in the 9<sup>th</sup> to 12<sup>th</sup> grade
- Must inform your youth court coordinator of your application. Coordinators will be called
- Be available for potential video or phone interview
- Be available for conference calls about once every 3 weeks, with a time commitment of 3-4 hours per month, and attend the CAYC Summit

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade you are going into: \_\_\_\_\_

Check if you served as a CAYC youth advisory member last year:  Yes  No

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Youth Court Program: \_\_\_\_\_

Program Coordinator Name & Phone: \_\_\_\_\_

Email of your Program Coordinator: \_\_\_\_\_

Name of School: \_\_\_\_\_ County: \_\_\_\_\_

1. Summarize your participation in your youth court, including number of years involved: \_\_\_\_\_

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Name: \_\_\_\_\_

2. Why do you want to be an advisory member to the CAYC Board of Directors? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

3. What personal strengths do you bring to the position? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What other commitments do you have this coming school year? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What days are you available for conference calls? (check all that apply)

Hours Available for calls		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM								
PM								

**PARENTAL CONSENT AND WAIVER**

I have read my child’s application to serve as an advisory member to the Board of Directors of the California Association of Youth Courts. I understand that my child will need to meet periodically in various parts of the state and that unless I make other arrangements, such travel may be unaccompanied by an adult. I further understand that while every effort will be made to cover all reasonable travel expenses, it may be necessary for my child to seek other ways of covering some of the costs. I consent to my child submitting this application, and participating as an advisory member. I hereby waive any and all claims and liability arising out of my child’s participation as an advisory member, such waiver extending to the California Association of Youth Courts, its officers, directors and members, both in their representative and individual capacity.

I, as a parent/guardian, agree to the above:  Yes  No

Parent Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

**Submit application by June 1 to:**

Sacha Marini  
Humboldt County Teen Court  
939 Harris Street  
Eureka, CA 95503  
(707) 444-0153

[hcteencourt@bgcredwoods.org](mailto:hcteencourt@bgcredwoods.org)