

California Youth Council



Application 2010-2011

Please print legibly.

Student Name	County	Date of Birth	Gender	Graduation Yr.
Preferred name (i.e. nickname)	Student E-mail Address		Student Cell Phone Number	
Mailing Address	City	Zip	Home Phone Number	
Parent/Guardian Name	Parent/Guardian Phone	Parent/Guardian Alternate/Cell Phone		
School Name	School Principal Name	School Phone Number		
School Address	City	Zip	Primary Language(s) Spoken At Home	
Are you an active Friday Night Live member in your community? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Adult Advisor:	Please mark how you participate: <input type="checkbox"/> County Level <input type="checkbox"/> Youth Council <input type="checkbox"/> Chapter <input type="checkbox"/> FNL Mentoring	Are you active in a youth council? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the name of your youth council?		
Ethnicity <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Latino/a <input type="checkbox"/> American Indian <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other	Name of Friday Night Live County Coordinator:			

Application Checklist:

- Completed application
- Cover Letter (created by applicant on separate sheet of paper)
- Resume (created by applicant on separate sheet of paper)
- FNL County Coordinator Nomination Form
- Letter of Understanding (signed by applicant and parent/guardian)

Application Timeline:

- Applications/Nomination Forms must be postmarked by **June 25, 2010**
- Applicants will be notified of acceptance by July 6, 2010
- Selected participants will have first meeting in Anaheim, California, beginning the evening of September 9-12th. All travel expenses will be covered by the CFNLP

MAIL TO:

California Friday Night Live Partnership
Attention: California Youth Council
2637 West Burrel, P.O. Box 5091
Visalia, CA 93278-5091

Please refer questions to Lynne Goodwin
559-733-6496.

California Youth Council

Nomination Form

To be completed by FNL County Coordinator

Name of CYC Applicant: _____ is being nominated for membership on the California Youth Council for 2010-2011.

If this applicant is selected to the California Youth Council, adult allies will be encouraged to support his/her efforts in connecting locally, state-wide alcohol, tobacco and other drugs, violence prevention and traffic safety efforts. It will also be the role of the adult ally to support their CYC member in connecting with local programs, e.g., attend local youth council meetings, connect with other young people in the community, remain connected with CYC peers and CFNLP staff, provide access to office supplies/equipment, assist in making transportation arrangements, as well as celebrate their successes. This is an amazing opportunity for an adult ally to have a positive impact in a young person's life.

I. Information

Your Name	County
Job Title	E-mail
Phone	Fax
Applicant's Name	How long have you known the applicant?
Will you as county coordinator be the adult ally for this student?	If not, which county staff member will be the student's adult ally?

II. Questions

Please use a separate sheet of paper, if needed.

- Describe the opportunities that you have had to observe this young person in a Friday Night Live leadership position, and describe his or her leadership style, skills, and abilities.

Nomination Form, continued

2. Has the applicant been involved in a county level or regional level youth-driven program? If so, which program(s)? What role did they play? (i.e. part of a county youth council, representative on a county-wide coalition etc.)

3. Describe some of the projects this young person has been involved in that have focused on community change. (Please include any environmental prevention efforts)

4. Describe this young person's experience working with a team of diverse peers and adults.

5. Why would you recommend this young person for a position on the California Youth Council?

6. Describe the support you (or designated FNL county staff) would provide this young person as a link between state-wide and local prevention efforts if he/she is a member of the California Youth Council.

7. Comments: _____

FNL County Coordinator Signature: _____ **Date:** _____

California Youth Council

To be completed by the applicant

Please complete the following on separate sheets of paper:

- **COVER LETTER** *Write a one-page, typed letter, addressed to the California Friday Night Live Partnership, that answers and describes the following:*
 - Why is it important for you to be on the California Youth Council?
 - What community perspective or interest would you represent on the California Youth Council? (For instance: small town perspective, interest in diversity, particular experiences etc.)
 - Give an example of a project/effort that you have been involved in to create a positive change in your community. Describe the final result of the project.
- **RESUME** *Provide a one-page, typed resume utilizing this template:*

Name		
Address		
Phone Number		
e-mail		
Summary of Qualifications		
	<i>Make a list of some of the talents and strengths you would bring to the California Youth Council</i>	
Education		
	<i>What high school do you attend? When are you graduating? This is also a good place to list your GPA or special classes you have taken</i>	
Projects and Extracurricular Activities		
	<i>In this area, list the following:</i> <ul style="list-style-type: none"> • <i>Volunteer efforts/Activities/clubs/projects/sports you are involved in (be sure to include all Friday Night Live activities)</i> • <i>Leadership opportunities you have had in these activities</i> • <i>Projects or efforts you have been a part of with your Friday Night Live chapter and/or youth council to create community change</i> 	<i>Put date next to each activity in this column</i>
Work-Related Experience		
	<i>List any summer or after school jobs you have had. Be sure and list any skills you developed in these positions.</i>	<i>Put date in this column</i>

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Letter of Understanding

CYC Applicant

I, (name of CYC applicant) _____ understand that I am applying to become a California Youth Council (CYC) member for the 2009-2010 year.

If chosen as a CYC member, I understand it will be my role and responsibility to:

- Actively participate in a local youth program, i.e., FNL clubs, city/county youth commission, youth council.
- Participate in monthly conference calls
- Represent California youth and my community at various statewide conferences and forums.
- Abide by the policies and standards established by the California Friday Night Live Partnership.
- Conduct presentations, when needed, at the statewide and local level, to share the work of the California Youth Council and/or Friday Night Live.
- Be a leader and positive role model at all CYC functions as well as in my school and community.
- Maintain regular e-mail communication

As a CYC member, I will stay in contact with the California Friday Night Live Partnership (CFNLP) office and the CYC Project Coordinator. If I am selected, I understand that my travel and lodging expenses for CYC functions may be paid for by the CFNLP, dependent on fundraising efforts. I may, however, be asked to contribute to offset my travel expenses. As a CYC member, I am committed to working hard while having fun!

Signature: _____ Date: _____

CYC Applicant's Parent/Guardian

I understand that _____ is applying to become a California Youth Council (CYC) Member. If s/he is selected, I will support him/her in the work of a CYC member. As a CYC member, s/he would be part of a team of California youth working together to represent their peers across the state. CYC members are expected to be leaders and act as positive role-models at CYC functions, as well as in their community and school.

I understand CYC members attend four/five meetings a year. I will support _____ in making travel arrangements and/or contribute to offsetting travel expenses to CYC functions. I understand that the California Friday Night Live Partnership will make every effort to pay for travel and lodging expenses for all CYC functions, dependent on fundraising efforts. I will be responsible for signing vehicle use, medical/media release forms allowing my child's participation at CYC functions.

I realize _____ is part of an effort to create positive change in our community and is applying to take on a prestigious leadership role to make a difference in the community.

Parent/Guardian Name: _____

Signature: _____ Date: _____