



INSPIRING YOUTH VOICES

Metro Youth Advocates

First Name: _____ Last Name: _____

Age: _____ Gender: _____ Ethnicity: _____

School: _____ Grade: _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____ Phone: (Cell) _____ (Home) _____

Sessions will occur Wednesdays, 4:30-7:00pm, at the Louisville Public Library Main Branch on the following dates in 2015. Please check the box next to each date you will be able to attend. Preference will be given to applicants who can attend all sessions.

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|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> January 14 | <input type="checkbox"/> January 21 | <input type="checkbox"/> February 4 | <input type="checkbox"/> February 18 |
| <input type="checkbox"/> March 5 | <input type="checkbox"/> March 18 | <input type="checkbox"/> April 1 | <input type="checkbox"/> April 15 |

Student: By signing below, I acknowledge that if I am accepted into this program I will commit to attending all the sessions checked above.

Signature: _____ Date: _____

Parent/Guardian: By signing below, I acknowledge that I am aware that my student is applying to participate and understand the expectations if he or she is accepted.

Signature: _____ Date: _____

Optional: If you have been nominated for this program, please fill in the following information.

Nominating Organization/School: _____

Nominator's Name: _____ Title: _____

Nominator's Phone: _____ Nominator's Email: _____

Please be sure to complete the questions on the 2nd page of this application.



Short Answers:

If you are submitting this application by mail, please type answers to the following questions and attach them to the application.

- 1) The Metro Youth Advocates program will explore issues that impact the Louisville community. Tell us about an issue in your community that you are interested in addressing and why you are passionate about this issue? *(Limit 200 words)*
- 2) What unique qualities/talents would you bring to this program? List three and explain each by giving examples (i.e.: inclusive, artistic, responsible, energetic, social media guru, observant, thinks outside of the box). *(Limit 200 words)*
- 3) Why do you want to participate in this program? *(Limit 150 words)*
- 4) And now for a silly question...if you could be any animal, what would you be and why? *(Limit 100 words)*

If you participated in Metro Youth Advocates 2014, please ALSO answer the following questions:

- 1) What would you like to learn or gain from an additional year in this program?
- 2) As a returning Metro Youth Advocate, what will you do to step up as a leader in the program and in your small group? Please provide examples (i.e. leadership in discussions, commitment to researching my topic, role model of behavior).

Application deadline has been extended to **Sunday, December 14, 2014**. Applications can be submitted online at www.kyymca.org/mya or mailed to:

Kentucky YMCA Youth Association
Attn: Nina Cameron
P.O. Box 4285
Frankfort, KY 40604

Selected participants will be notified by December 19, 2014. Please contact Nina Cameron at nina@kyymca.org with questions or for more information.

