



## LEGISLATIVE YOUTH ADVISORY COUNCIL MEMBERSHIP APPLICATION

### APPLY NOW FOR AN OPPORTUNITY TO IMPACT STATE POLICY AFFECTING LOUISIANA'S YOUTH

There is a place for young people to make a difference in state government by serving as a member of the Louisiana Legislative Youth Advisory Council, a body composed entirely of high school students with the purpose of addressing issues affecting the youth of Louisiana. The Louisiana Commission on Civic Education is now accepting applications for membership on the youth council.

The purpose of the Legislative Youth Advisory Council is to facilitate the communication between youth and the legislature and give students an opportunity to be involved in the workings of government. Students who are selected to serve will have the opportunity to study and address issues of importance to youth, including education, employment, strategies to increase youth participation in local and state government, substance abuse, underage drinking, physical fitness and health, litter and environmental control, and others. The Louisiana Commission on Civic Education oversees the work of the youth council and participates in the appointment of the council membership.

Twenty-one youth members are appointed each year, which includes two student members representing each of the congressional districts and additional at-large members. Youth members must be between the ages of 14 and 19, and be enrolled in a public or private high school, a home school program, or a GED skills program for the 2016-2017 school year.

**Application deadline: Must be postmarked or submitted online no later than March 25, 2016.**

To Apply for Membership:	
1.	<b>PART I: STUDENT APPLICATION:</b> Fill out the student application form completely.
2.	<b>PART II: PARENTAL CONSENT FORM:</b> Parent or legal guardian must sign and submit a consent form for a student applicant to be considered.
3.	<b>PART III: RECOMMENDATION FORM &amp; LETTERS:</b> The recommendation form must be given to a school administrator, teacher, or representative of a community or school-sponsored club or organization (with a civic mission) to complete and submit a letter of recommendation. <b><u>A minimum of two letters is required.</u></b>
4.	<b>SUBMISSION OF APPLICATION:</b>
A.	<b><u>For Paper Application, Letters of Recommendation, &amp; Consent Form</u></b> Mail to: La. Commission on Civic Education c/o Louisiana Senate / Nanette Normand Post Office Box 94183 Baton Rouge, LA 70804
B.	<b><u>Forms may be filled out, scanned and emailed</u></b> Email to: normandn@legis.la.gov
5.	For more information, call (225) 342-2425.

# Louisiana Legislative Youth Advisory Council Application

## Application Deadline is March 25, 2016

### PART I. STUDENT APPLICATION

**IMPORTANT:** Parts I through III must be completed and forwarded to the *Louisiana Commission on Civic Education, c/o Louisiana Senate, Post Office Box 94183, Baton Rouge, LA 70804*. All personal identifiable information contained in this application is confidential. Please print clearly and provide email addresses that are constantly checked as this is the method used to contact you.

#### PERSONAL INFORMATION

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

and/or Cell Phone (optional): \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Student Cell Phone(optional): \_\_\_\_\_ Student E-Mail: \_\_\_\_\_

#### HIGH SCHOOL INFORMATION

I attend (check the appropriate box):  Public/Private High School  Home School  GED Skills Program

School: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Grade Level in High School: Check one:  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

In which Congressional District is your school located? \_\_\_\_\_ (You may find the congressional district by accessing [www.legis.la.gov](http://www.legis.la.gov). On the home page, under the "Who Are My Legislators" tab, enter the school address to find your district.)

#### SHORT ESSAY

We would like to learn more about you and why you are interested in representing youth in Louisiana. On a separate page, briefly answer the following questions. All answers should be typewritten, if possible.

1. Why do you want to serve as a member of the Legislative Youth Advisory Council, and, if selected, how will your experience on the youth council affect your goals and life choices on civic involvement?
2. What do you think is the most important issue facing Louisiana youth today? How would you hope to affect this issue using your experience as a LYAC member?
3. To date, what has been your greatest achievement or accomplishment, whether civically, creatively, or academically?
4. If you could meet any Louisiana public figure (past or present), who would he or she be and why?
5. Every effort is made to ensure the council members represent the diverse population of Louisiana. Please describe what viewpoint you can bring to LYAC, what makes it unique, and why it is important that these viewpoints are represented. (For the purposes of this question, "diverse" means a council that offers a strength of multicultural backgrounds, experiences, perspectives, or physical abilities/qualities.)
6. Have you attended any LYAC meeting? If the answer is yes, indicate how many meetings attended.
7. List any skill or talent you have that may contribute to the work of the youth council.
8. List your membership in any school/community clubs, organizations, and activities, including any offices or leadership positions held.

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### **PART II. PARENT/LEGAL GUARDIAN CONSENT FORM**

The Louisiana Commission on Civic Education actively invites and encourages all high school students in grades 9 through 12, ages 14 to 19, to submit an application for membership on the Louisiana Legislative Youth Advisory Council. If your child is selected, every effort will be made to minimize any burden of council activities on your child's school responsibilities and other personal priorities, including any unnecessary personal financial burden on you and your family. However, you will be responsible for providing transportation to and from any meeting or event of the youth council.

#### **PERMISSION TO SEEK MEMBERSHIP ON THE LEGISLATIVE YOUTH ADVISORY COUNCIL**

My child, \_\_\_\_\_, is interested in becoming a member of the Louisiana Legislative Youth Advisory Council and I support and authorize his/her participation, if selected. I understand that I am responsible for the transportation of my child to and from any youth council meeting or event.

#### **PHOTO RELEASE**

I understand that the youth council may attract attention from the media and that my child may be photographed or filmed during any meeting or event. Therefore, I hereby grant permission to use photographs, video recordings, or other electronic or printed communications of my child, if selected. I understand that such photographs, recordings or other communications may be used for public display on the official website of the Commission on Civic Education or in other publications referencing the participation of students as members of the youth council.

#### **RELEASE FROM LIABILITY**

I, the undersigned, expressly release the Louisiana Commission on Civic Education, and any of its members and staff, any participating public official, or any other participating agency/organization from any and all claims, which may arise during the term of my child's membership, if he/she is selected.

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Signature of Parent/Legal Guardian

Date



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### PART III. RECOMMENDATION FORM & LETTER

A student may be considered for membership on the Louisiana Legislative Youth Advisory Council only upon the recommendation of one of the following: (1) a school administrator, (2) teacher, (3) representative of a home school program, (4) representative of a GED skills program, or (5) a representative of a school-sponsored or community service club or organization which has a civic mission. At least two letters of recommendation are needed.

As the appointing authority, the Louisiana Commission on Civic Education would greatly appreciate your help in the selection process. Please complete this form and write a letter that includes a recommendation for the applicant in terms of his or her civic interest, work ethic, leadership ability, ability to communicate effectively, and sense of responsibility. When completed, forward this Part and the letter of recommendation to the *Louisiana Commission on Civic Education, c/o Louisiana Senate/Nanette Normand, Post Office Box 94183, Baton Rouge, LA 70804*. The letter will be placed with the appropriate student application.

#### **Subpart A: GENERAL INFORMATION**

Name (person making the recommendation): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone number (daytime): \_\_\_\_\_

- Check one:
- |                          |  |                          |                                      |
|--------------------------|--|--------------------------|--------------------------------------|
| <input type="checkbox"/> | School Administrator   | <input type="checkbox"/> | Teacher                              |
| <input type="checkbox"/> | Representative of home school program  | <input type="checkbox"/> | Representative of GED skills program |
| <input type="checkbox"/> | Representative of a school or community club/organization with a civic mission |                          |                                      |
|                          | Name of club or organization: _____  |                          |                                      |
| <input type="checkbox"/> | Other _____  |                          |                                      |

Name of student making application: \_\_\_\_\_

School: \_\_\_\_\_ Address of School: \_\_\_\_\_

City: \_\_\_\_\_ Congressional District in which School is Located: \_\_\_\_\_

#### **Subpart B: LETTERS OF RECOMMENDATION**

Two letters of recommendation are required in order for an application to be considered. Please submit the letter with this form to the address listed above.

\_\_\_\_\_  
Signature: of Person Making the Recommendation

\_\_\_\_\_  
Date

**If your application is not selected, would you still like to be involved and attend the LYAC meetings?**

- Yes. Let me know when and where the LYAC meetings will be held.  
E-mail address:\_\_\_\_\_**
- Not at this time.**

**How did you hear about the Louisiana Legislative Youth Advisory Council?**

- Newspaper**
- Television**
- Legislator or other public official**
- Teacher or school administrator**
- Club or organization [Which one?\_\_\_\_\_]**
- LYAC Member**
- Internet/Website**

**Other:\_\_\_\_\_**