



**STATE OF IOWA YOUTH ADVISORY COUNCIL (SIYAC)  
&  
IOWA YOUTH CONGRESS (IYC)  
APPLICATION COVER PAGE**

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**Please print this page and fill out the following legibly with an ink pen.** If you have any questions while completing this application contact Betsy Penisten, SIYAC Coordinator or Nicole Lewis, IYC Coordinator, at 515-725-2836.

Check the program to which you are applying  
**\* You may only apply to one program**

***SIYAC applicants that are not selected may be offered a position with IYC.***

SIYAC    IYC

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

Grade (2014-15): \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: Iowa Zip Code: \_\_\_\_\_

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

How long have you lived in Iowa? \_\_\_\_\_

**Please provide your signature to verify the above information given is accurate.**

Signature of Youth Applicant	Date
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**Please have your parent/guardian provide their signature to verify that you have their permission to participate in the State of Iowa Youth Advisory Council from 2014-2016 or the Iowa Youth Congress from 2014-2015.**

Signature of Parent/Guardian	Date
Name of Parent/Guardian (Please print)	

The Iowa Code (216A.140.8.b) states that the Iowa Department of Human Rights shall “*strive to maintain a diverse council membership and shall take into consideration race, ethnicity, disabilities, gender, and geographic location of residence of the applicants*”. To facilitate these efforts, you are provided with the opportunity to indicate the following optional information below.

Gender:

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Race and/or Ethnicity:

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Please note any reasonable accommodations that you may need to participate in SIYAC or IYC meetings or events so that we can make adequate arrangements and assure accessibility.

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Do you have access to transportation? If so, what type?

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How did you hear about SIYAC and/or IYC?

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Please complete typed narrative responses to the following questions within a separate document. To apply, submit the narrative document along with the Application Cover Page.

Applications received by **May 1, 2014** will receive priority consideration. All final applications must be received by **June 15, 2014**. *Recommended response length is two to five sentences per question*

1. Have you been involved with SIYAC, SIYAC-sponsored activities, or IYC in the past? If yes, explain.
2. Please explain your involvement in any formalized organization(s) within your community or school. What is the purpose of the organization(s)? If selected for SIYAC or IYC, what would you do to formally connect SIYAC or IYC issues to the organizations with which you are currently involved?
3. SIYAC and IYC are groups of young people who will serve as a voice for *all* youth throughout the state. How are you a representative of Iowa's youth?
4. Conversely, what sets you apart from other youth in Iowa and/or your community? How have these differences helped you to achieve your goals?
5. Describe your familiarity with Iowa's state government.
6. What is one action that you believe SIYAC or IYC should take to improve the lives of youth in Iowa?
7. If selected as a member, you may be asked to speak to a local coalition, school board, city council, legislators, or other entities about SIYAC and IYC. Have you spoken to any of these entities (or any similar) in the past? If so, please list them.

The following questions should only be answered by those applying to SIYAC.

8. **It is important to note that serving on SIYAC requires dedication and a continual time commitment between formal meetings throughout the entire school year.** Please list every extracurricular activity in which you will be participating during the next school year. Include academic, athletic or community involvement, employment, and any other activities that will require your time.
  
9. The amount of time that SIYAC membership requires depends on the leadership responsibilities that members accept. How will you manage your time to ensure that you dedicate sufficient attention to all of your responsibilities (including SIYAC if you are selected as a member)?
  
10. **One letter of recommendation is required to complete the application for SIYAC only.** Please clearly include the name and contact information of the adult who will submit this letter. **The adult writing the recommendation should submit the letter directly to the SIYAC Coordinator via one of the methods below.** The adult writing the recommendation should be a non-family member who can discuss your individual strengths as well as your ability to work as part of a team. Examples of possible adults to write this letter are: *teachers, organization leaders, coaches, employers, mentors, community coalition members, legislators, etc.*

<b>Submit application materials via one of these methods</b>		
<b><u>Postal Mail</u></b>	<b><u>Email</u></b>	<b><u>Fax</u></b>
State of Iowa Youth Advisory Council/ Iowa Youth Congress Department of Human Rights 321 E. 12th Street Lucas State Building, 2nd Floor Des Moines, IA 50319	<a href="mailto:SIYAC@iowa.gov">SIYAC@iowa.gov</a>  <i>Please scan the completed materials and attach them to the email</i>	515-242-6119