Cambridge Youth Council

Formerly Known As: Youth Involvement Subcommittee

Application 2014-15

DEADLINE: September 19, 2014

Who we are:

The Cambridge Youth Council (CYC) is a diverse group of 16 young people, ages 14-18 and live in Cambridge*, who **give youth a voice** in our city. We are a **youth led, adult supported** group. CYC is also a subcommittee of the **Kids' Council**, which is chaired by the Mayor, and its members include residents, elected officials, city department heads and community leaders. The Kids' Council is dedicated to developing policy and program recommendations aimed at improving the quality of life for children, youth and families. (*Required)

What we do:

Each year, we work on projects related to the work of the Kids' Council and **make positive change** in our community. We **meet twice a week** to work on our projects. We receive a **stipend of $10/hour (up to $700)**, earn community service hours and have the chance to represent Cambridge at the National League of Cities Conference in Washington D.C.

Some of our accomplishments:

- Helped close the Opportunity-to-Learn Gap (Achievement Gap) through:
  - Workshops with middle school youth to help their transition to high school
  - Social Media Campaign promoting self-advocacy
  - Creating tools to help increase effective student/teacher relationships
- Drug and alcohol awareness campaign for teens and workshops for middle schools
- Improved MBTA services for youth by successfully negotiating a 7-day student pass
- Drafted, filed and gained local support to lower the voting age for local elections

Application checklist:

□ Complete short answer questions
□ Signatures from parent/guardian
□ Attach reference form ** ***Optional*****

Submit Application by:

Email: kidscouncil@cambridgema.gov
Drop Off: Room 2201 (STARs Room) at CRLS
Mail: 51 Inman St. Cambridge, MA 02139

Cambridge Youth Council Application Form

Deadline: September 19, 2014

First Name:	Last Name:		
Nick Name (if applicable):	Date of Birth:		
Gender:	Ethnicity (optional):		
Home Address:	Zip Code:	Home #:	
Email Address:		Cell #:	
School Enrolled:			Grade:

Parent/Guardian Name:
Parent/Guardian Phone number:
Parent/Guardian Email Address:
Parent/Guardian Address (if not the same as yours):

How did you hear about CYC (*formerly known as YIS*)? Check all that apply:

____ Friend ____ Parent/Guardian
____ Teacher ____ Guidance Counselor
____ Saw a flyer ____ Facebook
____ Referred by CYC member (name):_____
____Other (please share):_____

1. Tell us about yourself. *You can use this space or attach your answer.* Please include:
    - why you want to be a member of the Cambridge Youth Council (CYC)
    - skills you will bring to the CYC
    - previous experience you have working in a group, volunteering, and/or employment
    - any hobbies and special interests

2. Each year, CYC works on projects related to the Kids' Council's goals. This year we will continue working on the theme of 'Family Engagement' (how family's involvement impacts a student's life).

   Potential project ideas:

   - the middle school transition to high school
   - college process
   - student – teacher relationships
   - the opportunity to learn gap (achievement gap)

   What is an example of a project you find interesting and why is it an important issue to tackle? You can pick from one of the ideas above or choose something else. You can use this space or attach your answer.

3. As a CYC member, you will attend two meetings a week (each 1.5 hours – 2 hours) from early October to early June. Throughout the year, CYC members attend other events and Kids' Council meetings. Depending on your project, there may be events and workshops that you will organize and also need to attend. Given this time commitment, how do you plan to balance your schedule to ensure you have ample time to participate fully with CYC?

4. What are the current and upcoming activities/programs you are involved in (even those you anticipate)? Please be as specific as you can, and list the duration of hours per week.

Activity	Months (ex. Jan-May)	Days & Times (ex. Mon & Wed. 4-6pm)

5. Are you available to meet on Saturday mornings? Y or N
6. Are you available to meet one day after school? Y or N
    a. If Yes, which day(s) are you available:
    b. If Yes, indicate whether you are able to meet after school, in the early evening or either:
    c. If No, please explain.

7. References: Names and contact information of <u>two</u> individuals who can speak about you (ex. teacher, counselor, work supervisor, etc…)

Name	Relationship to this person	Contact info (phone # & email)

I hereby certify that the information on this application is correct to the best of my knowledge, and I understand the requirements and responsibilities of being a CYC member.

_____ _____

Applicant Signature **Date**

I hereby certify that **the applicant listed above is a resident of the City of Cambridge** and has my permission to participate in all activities associated with the Cambridge Youth Council.

_____ _____

Parent/Guardian Signature **Date**

Media Release

I hereby agree and give permission for the City of Cambridge to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance, and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any promotional material that may be created by the City of Cambridge. I hereby further agree that the City of Cambridge is the sole owner of all rights, title and interest, including copyrights in such works and any parts thereof for all purposes, as the City of Cambridge shall determine in the sole discretion without limitation, reservation or compensation.

_____ _____

Parent/Guardian Signature **Date**

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Note: This is optional and can be filled out by one of the references you listed in the application.

Name of CYC Applicant:

Your Name:

Email address:

Phone number:

What is your relationship to the applicant?

How long have you known the applicant?

Please rate the applicant:

	Needs Improvement	Proficient	Strong	Very Strong
Dependability	1	2	3	4
Ability to work on a team	1	2	3	4
Leadership skills	1	2	3	4
Listening skills	1	2	3	4
Potential for growth	1	2	3	4

Your input makes a difference!

Please feel free to use the space below for any additional information you feel important regarding this applicant.

Thank you for your time. For any additional questions or comments please contact kidscouncil@cambridgema.gov or call 617-349-6239