



DEPARTMENT OF HUMAN RIGHTS- YOUTH EMPOWERMENT PROGRAMS



**STATE OF IOWA YOUTH ADVISORY COUNCIL
2017**

**APPLICATIONS SUBMITTED BY MONDAY, MAY 1, 2017 RECEIVE PRIORITY CONSIDERATION
ALL APPLICATIONS DUE ON MONDAY, JUNE 12, 2017**

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The following two pages describe the State of Iowa Youth Advisory Council in detail. The last four pages are the application. Please review and understand the descriptions prior to completing the application.



DESCRIPTION

Iowa Code section 216A.140.8: *A State of Iowa Youth Advisory Council is created to provide input to the Governor, general assembly, and state and local policymakers on youth issues. The purpose of the youth advisory council is to foster communication among a group of engaged youth and the Governor, general assembly, and state and local policymakers regarding programs, policies, and practices affecting youth and families; and to advocate for youth on important issues affecting youth.*

The **State of Iowa Youth Advisory Council (SIYAC)** is a non-partisan policy advising organization comprised of 21 voting members and three non-voting members. In 2009 SIYAC became a statutory network within the Iowa Department of Human Rights' section of the Iowa Code (216A.140.8) under the umbrella of the Iowa Collaboration for Youth Development (ICYD).

ELIGIBILITY and APPLICATION PROCESS

SIYAC's members are young people between the ages of 14 and 21 from across Iowa. Youth who have leadership qualities and want to become involved in the legislative process are encouraged to apply. This includes supporting legislation and meeting with legislators. Youth selected to serve as members of SIYAC will reflect the diversity in Iowa and the positive differences throughout our state and among its young people.

The council meets quarterly at the State Capitol in Des Moines and holds bi-weekly conference calls. Applications received by **Monday, May 1, 2017** will receive priority consideration and new SIYAC members will be selected by Monday, June 26, 2017. Members serve two-year terms. There are no fees for youth to participate and travel expenses to and from meetings will be reimbursed. Visit www.icyd.iowa.gov/SIYAC for more information about SIYAC.

If you are interested in representing Iowa's youth in our state government, please read the following "Expectations & Commitments" and complete the attached application on pages 6-9 of this document. Create a separate document and type your answers to the questions on pages 8 and 9. A letter of recommendation will also be required for SIYAC applicants, which should be submitted to the SIYAC Coordinator directly by the person completing the recommendation letter.

EXPECTATIONS & COMMITMENTS

- SIYAC members will **begin their two-year term on July 1, 2017.**
- Members will serve a **two-year term**. Youth who are in good standing with the council may reapply for another term.
 - Youth who are in good standing with the council may seek to reapply for membership for consecutive terms.
 - Graduating seniors may choose to resign from their post or continue serving on SIYAC given that they are able to fulfill their SIYAC duties in addition to their post-secondary plans, and remain in Iowa (college, career, military, etc...).
 - The main SIYAC activity during the summer months is a new member orientation. Second year members will have the opportunity to assist in the orientation.
 - SIYAC members **may be dismissed** if they do not meet membership expectations or if there is concern among the council's members that a member has defaced the reputation of the council.
- Youth will be **responsible for their own transportation** to the SIYAC meetings. Mileage and meal reimbursement will be provided for members attending SIYAC events.
 - **There is no fee to participate in SIYAC.**
- Council members can expect numerous opportunities to demonstrate and develop **leadership, communication, teamwork and organizational skills**.
 - Officer and committee chair positions are available and are voted on by the council's members.
 - Members are responsible for both initiating and maintaining **communication via phone, email or other methods in addition to the formal SIYAC meetings**.
- Each SIYAC member will participate in **two service projects** each year, where the first project will be done individually and the second will be completed as a Council.
- SIYAC members will **represent youth throughout the entire state of Iowa**; not merely each member's own personal opinions.
 - Youth will be responsible for **gathering input/opinions from other youth** in their community prior to each SIYAC meeting.
 - SIYAC will be expected to **collaborate with the Iowa Youth Congress** and to utilize this group as a resource that reflects the views of a wide range of Iowa's youth. To facilitate this, **SIYAC members will be encouraged to participate in Iowa Youth Congress events**.
- Youth will be expected to **attend all mandatory quarterly (four per year) SIYAC meetings at the State Capitol in Des Moines** and will also be encouraged to attend any additional relevant opportunities for civic engagement (local town hall meetings, city council meetings, etc...) or youth development (trainings, conferences, etc...) that may present themselves.
 - If excessive absences occur, membership will be evaluated by the council's Executive Committee based on the members' contribution to SIYAC.
 - Youth will **dress professionally** and appropriately at SIYAC meetings or events.
- Members will form committees within SIYAC to address pertinent youth issues. **Each committee will complete a long-term project** relevant to their issue.
 - For examples, visit our website <http://www.icyd.iowa.gov/SIYAC/issues.html>
- **Partnerships with legislators, nonprofits, state and local leaders** that have common goals in addressing youth issues are highly encouraged.
 - SIYAC members will be expected to initiate and sustain these relationships. **Networking is a key component of effective representation.**

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**STATE OF IOWA YOUTH ADVISORY COUNCIL
APPLICATION COVER PAGE**

Please print this page and fill out the following legibly with an ink pen. If you have any questions while completing this application contact Lexi Konig, SIYAC Coordinator, at 515-725-2836.

Name: _____ School: _____
Grade (2017-18): _____ E-mail: _____
Home Address: _____
City: _____ County: _____ 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 2017-2019 or the Iowa Youth Congress from 2017-2019.

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:

Race and/or Ethnicity:

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.

SIYAC members are responsible for their own transportation to the quarterly SIYAC. Do you have access have access to transportation? If so, what type?

How did you hear about SIYAC and/or IYC?

Would you be interested in the Iowa Youth Congress if offered membership?

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, 2017 will receive priority consideration. All final applications must be received by **June 12, 2017**. *Recommended response length is two to five sentences per question.***

1. Have you been involved with SIYAC or SIYAC-sponsored activities 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 involves 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 are your goals for volunteerism as a SIYAC member?

7. What is one action that you believe SIYAC should take to improve the lives of youth in Iowa?

8. 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. Have you spoken to any of these entities (or any similar) in the past? If so, please list them.

9. **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.

10. 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)?

11. **One letter of recommendation is required to complete the application for SIYAC.** 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 who may write a letter of recommendation for you includes, but is not limited to: *teachers, organization leaders, coaches, employers, mentors, community coalition members, legislators, etc.*

Submit application materials via one of these methods		
<u>Postal Mail</u>	<u>Email</u>	<u>Fax</u>
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	Lexi.konig@iowa.gov <i>Please scan the completed materials and attach them to the email</i>	515-242-6119