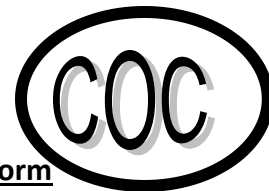


# YOUTH POWER!



## Citywide Oversight Committee Youth Advisory Board Application Form

Please complete this application to the best of your ability and return to:

Pauline Gordon, NYC Regional Youth Partner  
Youth Communications / NY Center  
224 W. 29th St.  
New York, NY 10001  
Phone: (347)880-2735  
Email: [pgordon@youthpowerny.org](mailto:pgordon@youthpowerny.org) Fax: (212)279-8856

**All applications must be received by July 1, 2011.**

### Part A) Identification Information

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

Gender:  Male  Female  Transgender Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Other Phone: \_\_\_\_\_

What is the best way to contact you?

E-Mail  Regular Mail

Telephone Best times to call:  Morning  Afternoon  Evening

What systems have you been involved in? (Check all that apply)

Department of Social Services (foster care, child protective services etc.)

Mental Health (therapy services, SPOA, psychiatric hospitalization, waiver, case management, etc.)

Developmental Disability Services

Juvenile Justice (PINS, Detention centers, probation, etc.)

Substance Abuse Services

Special Education

Are you the member of a youth group?  Yes  No



