



# INSPIRING YOUTH VOICES

## Metro Youth Advocates

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Sessions will occur Wednesdays, 4:30-7:00pm, at the Louisville Public Library Main Branch on the following dates in 2014. Please check the box next to each date you will be able to attend. Preference will be given to applicants who can attend all sessions.

- |                                     |                                      |                                      |                                   |
|-------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> January 29 | <input type="checkbox"/> February 12 | <input type="checkbox"/> February 26 | <input type="checkbox"/> March 12 |
| <input type="checkbox"/> March 26   | <input type="checkbox"/> April 9     | <input type="checkbox"/> April 23    | <input type="checkbox"/> May 7    |

**Student:** By signing below, I acknowledge that if I am accepted into this program I will commit to attending all the sessions checked above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:** By signing below, I acknowledge that I am aware that my student is applying to participate and understand the expectations if he or she is accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional:** If you have been nominated for this program, please fill in the following information.

Nominating Organization/School: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Nominator's Phone: \_\_\_\_\_ Nominator's Email: \_\_\_\_\_

Please be sure to complete the questions on the 2<sup>nd</sup> page of this application.



## Short Answers:

*If you are submitting this application by mail, please type answers to the following questions and attach them to the application.*

- 1) The Metro Youth Advocates program will explore issues that impact the Louisville community. Tell us about an issue in your community that you are interested in addressing and why you are passionate about this issue? *(Limit 200 words)*
- 2) What unique qualities/talents would you bring to this program? List three and explain each by giving examples (i.e.: inclusive, artistic, responsible, energetic, social media guru, observant, thinks outside of the box). *(Limit 200 words)*
- 3) Why do you want to participate in this program? *(Limit 150 words)*
- 4) And now for a silly question...if you could be any animal, what would you be and why? *(Limit 100 words)*

**If you participated in Metro Youth Advocates 2013, please ALSO answer the following questions:**

- 1) What would you like to learn or gain from a second year in this program?
- 2) As a returning Metro Youth Advocate, what will you do to step up as a leader in the program and in your small group? Please provide examples (i.e. leadership in discussions, commitment to researching my topic, role model of behavior).

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Applications are due on **Wednesday, January 8, 2014**. Applications can be submitted online at <http://kymca.org/mya> or mailed to:

Kentucky YMCA Youth Association  
Attn: Nina Cameron  
P.O. Box 4285  
Frankfort, KY 40604

Selected participants will be notified by January 13, 2014. Please contact Nina Cameron at [nina@kymca.org](mailto:nina@kymca.org) with questions or for more information.

