

Minnesota Statewide Family Network Youth Advisory Board • New Member Application

Name: _____

Address: _____

Phone: _____

Email: _____

Birth Date: _____

Grade in School: _____

Diagnosis/Disability: _____

Why would you like to be a part of the youth advisory board?

What other leadership activities have you participated in (councils, clubs, boards, groups, peer mediation, etc.)?

Do you have any experience with public speaking?

Are you willing to speak in public and talk about your diagnosis or disability?

What changes would you like to see for youth who have mental health needs or who receive special education services (i.e., in schools, communities, families, health care, laws, among peers)?

What are your interests and talents or extra curricular activities you are involved in (sports, after school activities, etc.)?

Anything else you would like to share?

Do you have any questions about the youth advisory board and what we do?

**Please return this completed form to: Debbie Rocco, MSFN Youth Board Facilitator*