



ARIZONA DEPARTMENT OF CHILD SAFETY STATEWIDE YOUTH ADVISORY BOARD APPLICATION

_____ *Date*

Complete the form below to apply for our membership.

_____		_____	_____
<i>First Name</i>		<i>Last Name</i>	<i>Date of Birth</i>
_____		_____	
<i>Phone (Include Area Code)</i>		<i>Email Address</i>	

<i>Address 1 (No., Street)</i>			

<i>Address 2 (Apartment No., Suite No.)</i>			
_____	_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip</i>	

Transportation:	I have reliable transportation	I will need help with transportation options
Current School Status:	High School Student	College Student/Part-time
	Not currently enrolled	College Student/Full-time
Employment Status:	Less than 15 hrs/week	25-35 hrs/week
	15-25 hrs/week	35+ hrs/week
	Unemployed	
Where did you hear about us?:	A friend or colleague	Flyer
	DCS worker	Other: _____
Preferred method of contact:	Text	Email
	Call	

What inspiration lead you to join the Statewide Youth Advisory Board and why do you believe you'd be an ideal candidate?

Submit your application to YouthAdvisoryBoard@AZDCS.gov. We will contact you shortly to complete your membership application.



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.