



YOUTH ADVISORY COUNCIL

Thank you for your interest in the UCP of Central Florida's new Youth Advisory Council. We are very excited about this new initiative!

The Youth Advisory Council will consist of 15-21 members between the age of 16 and 24-years-of-age both with and without disabilities. A Council member's term is two years, unless the nomination is for an unexpired length.

Youth Advisory Council Members are asked to make the following commitments:

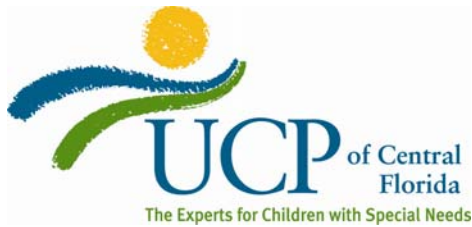
- Attend at least 50% of the council meetings in a UCP fiscal year (October 1- September 30)
- Provide feedback on programs (i.e. what programs you would like to see developed)
- Provide feedback on youth oriented marketing and fundraising ideas.
- Participate in the execution of at least one Youth Advisory Council organized program or fundraising project per year (i.e. Kids Holiday Party or Family Fun Day)
- Volunteer to help with at least one UCP organized program or fundraising event (i.e. Gala).
- Attend workshops on roles in the council and council governance
- Assist in providing additional connections/volunteers from your local high school/community college and/or university
- Bring energy and enthusiasm!

The Council will meet quarterly (4 times each fiscal year) and the schedule of on-going meetings will be determined at the first meeting. The first meeting is scheduled for **Thursday, September 24 at 5 p.m.** at UCP's Downtown Orlando Campus (3305 S. Orange Avenue, Orlando, FL 32806).

To apply for membership on UCP of Central Florida's Youth Advisory Council, please complete the attached application and submit with a letter of recommendation. If you have any questions, please contact me at iwilkins@ucpcf.org with any questions.

Sincerely,

Ilene E. Wilkins
President/CEO



YOUTH ADVISORY COUNCIL INFO FORM
(Please indicate any information you do not want shared)

Name of Potential Council Member: _____ DOB: _____

High School Student College Student Other _____

Grade/Year: _____ Name of School: _____

Home Address: _____

Telephone: _____ Email: _____@_____

Race: White Black Hispanic
 Asian American Indian Other _____

Geographic: Orange County Osceola County
 Seminole County Other _____

Disability: Self Family Member None

How did you hear about the UCP Youth Advisory Council?

- | | |
|---|---|
| <input type="checkbox"/> UCP Board Member - _____
(Name) | <input type="checkbox"/> Teacher/School Personnel |
| <input type="checkbox"/> UCP Staff Member - _____
(Name) | <input type="checkbox"/> Flyer/Mailing |
| <input type="checkbox"/> Newspaper/Web Site | <input type="checkbox"/> Other: _____ |

Why do you want to join the UCP Youth Advisory Council?

What skills and talents do you think you can bring to the UCP Youth Advisory Council?

As a potential Youth Advisory Council member of UCP of Central Florida, I am fully committed and dedicated to the mission and have pledged to carry out this mission. I understand my duties and responsibilities and agree to meet these expectations.

Signature

Date



Youth Advisory Council Personal Recommendation

Name of Potential Council Member: _____

Information about the person writing the letter of recommendation:

Name: _____

Address: _____

Telephone: _____ Email: _____@ _____

Occupation: _____ Employer: _____

Relationship to Applicant:

- | | | |
|----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Other _____ | |

How long have you known the Applicant?

- | | | |
|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> 1-4 Years | <input type="checkbox"/> 5 - 10 Years | <input type="checkbox"/> More than 10 Years |
|------------------------------------|---------------------------------------|---|

Letter of Recommendation:

Please use a separate piece of paper and attach with this form. The letter of recommendation should include the following:

- Your experience with the potential Youth Advisory Council member
- Your observations on their leadership potential.
- Why you believe they would be a good member of the UCP Youth Advisory Council

Note: The letter of recommendation should be no more than one (1) page in length.