

Youth M.O.V.E. PA Board Application

Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Personal Email: _____

Work Email (If Applicable): _____

County and Community where you live: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Race: African-American/Black American Indian/Native Alaskan

Asian/Pacific Islander Caucasian/White Other: _____

Gender: Male Female Other: _____ If you wish to disclose

Preferred way to contact:

Phone Call Text Message Email Social Media _____

Preferred time to be contact:

Day Night Other _____

How were you referred to the Youth M.O.V.E. PA?

Why do you want to be part of Youth M.O.V.E. PA?

One way that Youth M.O.V.E. PA members can advocate is through talking about their experience with a social service system. (Behavioral Health, Child Welfare, Juvenile

Justice, Substance Treatment, etc.) With which system do you identify? (Check all that apply)

- | | |
|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Child Welfare/Foster Care | <input type="checkbox"/> Education/Special Education |
| <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Drug and Alcohol Abuse | <input type="checkbox"/> Adult Ally (30+) |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> OVR |
| <input type="checkbox"/> Physical Disability | |

As a member, we focus on each other's strengths. What are some of your strengths?

Do you have experience or an interest in any of these areas?

- | | |
|---------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Computer Applications |
| <input type="checkbox"/> Photoshop | <input type="checkbox"/> Email |
| <input type="checkbox"/> Making/Editing Videos | <input type="checkbox"/> PowerPoint |
| <input type="checkbox"/> Acting | <input type="checkbox"/> Excel/Office |
| <input type="checkbox"/> Artistic/Graphic Designs | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Writing Music | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Performing Music | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Event Planning |