

YOUTH POWER!

Join the Youth Advisory Committee (YAC) to the City Oversight Committee (COC)

What is COC?

The Citywide Oversight Committee (COC) is a forum for government agency, provider, youth and family representatives to address cross-systems problems.

An example of a cross-systems issue to work on may be something like, housing for former foster care youth or supports for people that struggle with substance abuse and mental health issues.

What is YAC?

The Youth Advisory Committee (YAC) to the Citywide Oversight Committee (COC) will be charged with bringing the perspective of young people who receive cross-systems services to the work of the COC. The YAC will ensure meaningful two-way communication and collaboration between the COC and young people who receive services.

Who can be a YAC Member?

YAC members must be between the ages of 16-28, have experienced multiple child serving systems such as Mental Health, Foster Care, Special Education, Substance Abuse and Juvenile Justice and are reconnected to a large network of youth such as a youth group, council or organization.



How Can I Join the YAC?

Fill out a YAC application and send it via email, fax or mail to the attention of

NYC Regional Youth Partner, Pauline Gordon
Youth Communication/ NY Center
224W.29th St.

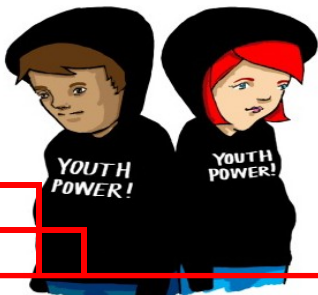
New York, NY 10001
Phone: (347)880-2735

Email: pgordon@youthpowerny.org
Fax: (212) 279-8856

What are the Benefits of Being a YAC Member?

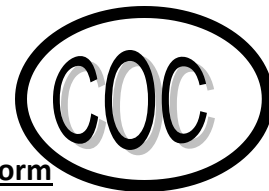
YAC members gain valuable professional experience as a member of this group. The COC and the YAC coordinator make a commitment to assist all members in listing their experience with the YAC and COC on their resumes. Other incentives may include:

- Professional Connections
- Network of Opportunities
- Letters of reference



Change Starts With You !!!

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Citywide Oversight Committee Youth Advisory Board Application Form

Please complete this application to the best of your ability and return to:

Pauline Gordon, NYC Regional Youth Partner
Youth Communications / NY Center
224 W. 29th St.
New York, NY 10001
Phone: (347)880-2735
Email: pgordon@youthpowerny.org Fax: (212)279-8856

All applications must be received by July 1, 2011.

Part A) Identification Information

Name: _____ Age: _____

Gender: Male Female Transgender Date of Birth: _____

E-Mail Address: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Other Phone: _____

What is the best way to contact you?

E-Mail Regular Mail

Telephone Best times to call: Morning Afternoon Evening

What systems have you been involved in? (Check all that apply)

Department of Social Services (foster care, child protective services etc.)

Mental Health (therapy services, SPOA, psychiatric hospitalization, waiver, case management, etc.)

Developmental Disability Services

Juvenile Justice (PINS, Detention centers, probation, etc.)

Substance Abuse Services

Special Education

Are you the member of a youth group? Yes No

