



Youth Advisory Steering Committee (YASC) Membership Application Form

This is the application form for the Youth Advisory Steering Committee (YASC). There is no right or wrong answer. You may write as little or as much as you like to each of the questions below.

YASC MANDATE: *The Youth Advisory Steering Committee will act as a voice for youth in care by advocating primarily with leadership of the child welfare sector for improvements for children and youth in care and advising on child welfare sector policies and initiatives. YASC members may also make recommendations to public officials and other stakeholders.*

YASC members will review past and current advocacy positions and will work as a team to try to reach consensus on the most important issues for all youth in and from care.

YASC carries on the important work of YPAAG - the Youth Policy Advocacy and Advisory Group. Through YPAAG youth have advocated over many years for changes to the age of protection, emotional, educational, and financial supports and increased youth voice in decision-making. This advocacy has led to many significant achievements for youth in and transitioning from care. Each success makes way for new issues to become advocacy priorities. YASC will help keep youth ideas in front of decision makers, helping to make continuous improvements in services for youth.

The change in name from Youth Policy Advisory and Advocacy Group (YPAAG) to YASC reflects naming conventions of the current child welfare sector governance and decision-making framework for all provincial steering committees. Accordingly, YASC is embedded within provincial child welfare governance advisory and engagement structures.

As a YASC member, the types of activities you will participate in include:

- *Meeting with senior staff or agency board members*
- *Public speaking at community events*
- *Speaking to child welfare professionals or others on behalf of your own experiences, values and beliefs*
- *Being part of work groups about better ways to deliver services to youth in care*
- *Meeting with decision makers, such as the Minister of Children and Youth Services or other elected provincial politicians*
- *Writing letters to various decision makers*

Youth Name: _____

Age and Date of Birth: _____

Children's Aid Society (CAS): _____

Professional Reference: _____

(CAS Worker or other person who can provide a professional reference for you)



1. OACAS seeks members who represent the wide diversity of youth in care. As such, representation and diversity will be considered in the selection of YASC members. Please check the boxes if you self-identify as any of the following:

- Francophone
- Racialized Minority
- Indigenous/First Nation/Métis
- Living with a disability
- LGBTQ+
- Gender Non-Binary
- Other: _____

2. What does advocacy mean to you?

3. What motivates you to be part of YASC?

4. Are you involved in advocacy at your local Children's Aid Agency or in your community?

5. What are you hoping to gain from being a part of YASC?

6. What do you think are the main things that need to be changed about care for youth?

7. Are you willing and able to commit to regular YASC meetings in Toronto? These meetings will be once per month and approximately 5 hours. This could involve travel outside your home community, which would be compensated. Teleconference options will be available, if necessary.
 Yes No
8. Are you willing to attend additional activities including: focus groups, retreats and conferences? This could involve travel outside your home community, which would be compensated.
 Yes No
9. Are you willing to respond regularly to communication (via email/telephone /Facebook) sent to you by Youth Programs Coordinators and other YASC members?
 Yes No
10. Do you have other comments that youth think would be important for the selection group to know when considering your application?

*By completing this form, you are agreeing that, if selected, you will be able to join the Youth Advisory and Steering Committee and commit to attend meetings either in person or by teleconference. You can change your mind and withdraw your consent to participate at any time, however we ask that you notify the Youth Programs Coordinator. You will receive a copy of this agreement as well as the Terms of Reference for the group and other information about YASC.

Youth Name (Printed)

Youth Signature

Date: _____