



Youth Programs Steering Committee (YPSC) Membership Application Form

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

YPSC MANDATE: *The Youth Programs Steering Committee will advise, provide youth voice and input, and make recommendations to the Youth Programs Coordinator and to OACAS staff on the development and delivery of provincial programs for youth in and transitioning from care, including: The Aftercare Benefits Initiative (ABI), the Clark Awards bursary program and YouthCAN.*

The purpose of the YPSC is to support the Youth Programs Coordinator in developing and effectively delivering provincial programming for youth in and transitioning from care.

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

- *Advising on relevant issues pertaining to youth in/from care*
- *Advising on the content and design of the YouthCAN website, and other social media*
- *Developing priorities and implementing strategic directions of ABI, Clarks and YouthCAN, and other provincial youth programs*
- *Being part of work groups about better ways to deliver services to youth in care*
- *Meeting with decision makers*
- *Evaluating and providing feedback on provincial youth programming for youth in care*

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 YPSC members. Please check the boxes if you self-identify as any of the following:

Francophone

LGBTQ+

Racialized Minority

Gender Non-Binary

Indigenous/First Nation/Métis

Other: _____

Living with a disability

2. What do you think makes programs for youth in care successful?

3. What motivates you to be part of YPSC?

4. Are you involved in leading or assisting with youth programs at your local Children's Aid Agency or in your community?

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

6. What do you think are the main things that need to be changed about Aftercare Benefits Initiative, Clark Awards and/or YouthCAN?

7. Are you willing and able to commit to regular YPSC 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 YPSC 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 part of the Youth Programs Steering Committee and commit to attend most meetings either in person or by teleconference. You can change your mind and withdraw your consent to participate at any time however you must notify the Youth Programs Coordinator. You will be provided a copy of this agreement as well as the Terms of Reference for the group and other information about YPSC.

Youth Name (Printed)

Youth Signature

Date: _____