



Youth Engagement Project

Ambassador Application

Name _____ Birth Date (include year) _____ County _____

Current Mailing Address _____

Email Address _____ Phone Number _____

Social Worker Name and Phone Number _____

How many years old are you? 17 18 19

Are you eligible for ILP services in L.A. County? Yes No Maybe

Your Current Availability (Please mark the boxes with times you are available):

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

The Ambassador position requires about 10 hours per month, plus about 3 full days of meetings with State partners per year. Do you have this much time available?

Yes No Maybe

What other obligations do you currently have and how much time do these obligations require? Please include your job, family, school, ILP, CYC, and any other relevant activities.

Current Obligation	Monthly Time Commitment
_____	_____
_____	_____
_____	_____
_____	_____

Do you feel that you currently have a good support system? Yes No Somewhat

Where does most of your support come from? Adults Youth Both

Which of the following areas do you have personal or professional knowledge and experience with? Please mark *only* those areas you would be comfortable sharing about in order to improve the Child Welfare System:

- Tribal Medications Mental Health Services Adoption Kinship Shelter Care Foster Home
 Group Home Probation Alternative Education Homeless Cal Fresh AB 12 CSEC
 Transitional Housing LGBTQIA/SOGI Young Parent Ethnic Minority Extended MediCal
 Other, please list: _____

Please list the top 2 personal characteristics that will make you successful as an Ambassador and explain in the comments section why these characteristics will be important in your Ambassador work:

1. _____ 2. _____

Comments: _____

Please list any current and/or previous experiences that you have with youth engagement roles (example: work groups, CYC). Please write on the back of the page or include an additional sheet if you need more space.

Experience	Length of Time and Year(s)
_____	_____
_____	_____
_____	_____

What do you think the top 3 priorities should be for improving the child welfare system for foster youth in your county and why?

1. _____
2. _____
3. _____

Why do you want to be an Ambassador?

Please list 2 personal or professional references we can call:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

All answers and statements on this application are true and complete to the best of my knowledge and I understand YEP or county staff may verify the statements made on this application.

Applicant Name

Date