



If you are interested in applying for the Beth-El Center Inc. Youth Action Council (YAC), please, complete, sign, date and submit the following application and required forms and return the same in one envelope to:

Jennifer Paradis, Executive Director  
Beth-El Center, Inc.  
90 New Haven Avenue  
Milford, CT 06460

Alternatively, you may scan and email your completed application and required forms to [info@bethelmilford.org](mailto:info@bethelmilford.org) and [jparadis@bethelmilford.org](mailto:jparadis@bethelmilford.org)

#### Applicant Qualifications

1. Must be in high school, college or vocational program.

#### Application Requirements

1. Complete, sign and date the application. Please type or print clearly in black or blue ink. You may attach additional sheets if necessary.
2. Complete, sign and date YAC required forms:
  - a. Parental/Legal Guardian signature of consent if under the age of 18. (on signature page of application)
  - b. Release of Information form if 18 years of age or older
3. Please, no staples, no double-sided pages

I. Personal Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Age: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Transgender  Intersex

I prefer not to answer

Race or Ethnic Group:  Asian  Black/African American  Caribbean  Caucasian/White  
 European  Hispanic/Latino  Middle Eastern  Native American  Pacific Islander  
 Other \_\_\_\_\_

School: \_\_\_\_\_

Grade (2024-2025 School Year): \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Instagram Acct: \_\_\_\_\_

Parent/Guardian Information

Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Information

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

## I. Questions

1. How did you learn about the YAC? *(please answer all questions)*

2. What are three (3) important issues to you concerning your community? What are three (3) important issues you may have discussed with your friends/classmates concerning your community? *(please answer all questions )*

3. Please, give an explanation of how you believe members of the YAC, other high school students, City agencies and other stakeholders can collaborate effectively to address one of the issues you listed in question in two (2). *(please answer all questions )*

4. What skills, talents or expertise do you possess that would make you a good fit for the YAC? (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Research            | <input type="checkbox"/> Managing Social Media    | <input type="checkbox"/> Web Design            |
| <input type="checkbox"/> Public Speaking     | <input type="checkbox"/> Public Advocacy          | <input type="checkbox"/> Facilitating Meetings |
| <input type="checkbox"/> Student Recruitment | <input type="checkbox"/> Community Activism       | <input type="checkbox"/> Community Organizing  |
| <input type="checkbox"/> Persuasive Writing  | <input type="checkbox"/> PowerPoint Presentations | <input type="checkbox"/> Lobbying              |
| <input type="checkbox"/> Graphic Arts        | <input type="checkbox"/> Mentoring                | <input type="checkbox"/> Presentations         |
| <input type="checkbox"/> Videotaping/Editing | <input type="checkbox"/> Grant Writing            | <input type="checkbox"/> Budget Review         |
| <input type="checkbox"/> Business Etiquette  | <input type="checkbox"/> Written Communication    | <input type="checkbox"/> Photography           |

5. What personal goals would you like to achieve as a member of the YAC? *(Please answer all questions)*

6. What leadership skills would like to develop as a member of the YAC? (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Team Building       | <input type="checkbox"/> Responsibility        | <input type="checkbox"/> Professional Decorum  |
| <input type="checkbox"/> Public Speaking     | <input type="checkbox"/> Public Advocacy       | <input type="checkbox"/> Facilitating Meetings |
| <input type="checkbox"/> Decision Making     | <input type="checkbox"/> Community Activism    | <input type="checkbox"/> Community Organizing  |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Time Management       | <input type="checkbox"/> Lobbying              |
| <input type="checkbox"/> Networking          | <input type="checkbox"/> Mentorship            | <input type="checkbox"/> Presentations         |
| <input type="checkbox"/> Collaborating       | <input type="checkbox"/> Grant Writing         | <input type="checkbox"/> Budget Review         |
| <input type="checkbox"/> Oral communication  | <input type="checkbox"/> Written Communication |  |

Other: \_\_\_\_\_

—

*Please write your initials next to the following sections to indicate that you have read and understand its contents.*

**IV. Demographics** The Beth-El Center, Inc. does not discriminate based on race, ethnicity, sex, creed, national origin or disability. The requested information is to help facilitate the Beth-El Center's goal of assembling a diverse group young people. Omitting this information will not affect your application.

**V. Registrant Attestation and Release**

I certify that the statements made by me on this application are voluntary, true and correct to the best of my knowledge and belief and are made in good faith. I understand that the information I have provided is subject to review and verification. If I knowingly make any misstatement(s) of fact(s), I am subject to disqualification or dismissal and to such other penalties as may be prescribed by the Beth-El Center, Inc.

**VI. Code of Conduct Statement**

If selected to the program, I understand and agree to adhere to the rules of the program and conduct myself responsibly and respectfully at all times. While at participating, I agree to 1.) Report to meetings on time; 2.) Refrain from the use of profanity or foul language; 3.) Refrain from any aggressive or violent behavior, threats of violence, weapon possession or sexual harassment; 4.) Wear appropriate clothing 5.) Refrain from the use, purchase or possession of any drugs or alcohol; 6.) Refrain from theft or possession of any stolen property; 7.) Refrain from any discriminatory behavior towards another individual based on race/ethnicity, economics, disability, religion or sexual preference.

**VII. Civil Rights Law**

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your Registration. By providing this information, you will assist in assuring that this program is administered in a non-discriminatory manner. The Youth Action Council is an equal opportunity employer/program and auxiliary aids and services are available upon request.

**VIII. MEDIA RELEASE FORM**

I hereby grant permission to the Beth-El Center, Inc., its affiliates and their successors, and any person receiving permission from any of them, to use my picture, likeness, name, photograph or voice, at its discretion in publications or on video or audio tape concerning education programs or activities of the Beth-El Center, Inc. Youth Action Council. I have been assured, and it is my understanding, that this shall be used in instructional or publicity contexts only and shall not be used for any commercial purposes whatsoever. I do hereby agree to hold harmless the Beth-El Center, Inc. Youth Action Council in connection with any and all claims regarding my child's photographic image, including legal fees and other costs incurred. I do hereby waive any claim for compensation for my child's photographic image. I do hereby agree that this RELEASE is valid until expressly revoked by me in writing.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print) \_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Parent/Guardian Signature (if under the age of 18) \_\_\_\_\_  
Date