

Dear 2018 YAC Candidate,

Members of the Youth Advisory Council (YAC) are a vital part of the success of the Lindsey Meyer Teen Institute. YACs are individuals who have previously attended LMTI and serve as leaders and role models for current participants. YACs undergo an extensive interview, application, and training process to make them into the TI experts they are. So much of the success of LMTI depends on the youth staff. Each year we select individuals from throughout the state to serve as YACs. Want to apply? Here's what you need to know:

Responsibilities of a YAC include....

- Remaining alcohol, tobacco, and other drug free
- Appreciating and promoting diversity
- Promoting a drug free lifestyle to others
- Leading by example
- Being a role model
- Developing skits/workshops to be presented at LMTI Summer Leadership Conference
- Assisting with group facilitation (Action Group and Process Group)
- Assisting with cabin chaperoning duties
- Representing your community and Action Group in a proper manner
- Being an active member of your Action Group
- Remaining an active prevention advocate before, during, and after camp
- Attending follow up events
- **Undergoing 5 mandatory training sessions for preparation (in addition to staff training)**
- **Attending all days of LMTI Summer Leadership Conference**

Trainings will include...

· Learning about the responsibilities of a YAC, workshops on various topics related to being a YAC, games, teambuilding activities, cheers, and tons more!

Training 1: April 14, 10am-4pm

Training 2: May 5, 10am-4pm

Training 3 (Overnight!): Tentatively June 9 at 7pm – June 10 at noon

Training 4: July 14, 10am-4pm

Training 5: August 11, 10am-4pm

All trainings, with the exception of the overnight June training will be held at the Wood-Ridge Civic Center 495 Highland Ave, Wood-Ridge NJ 07075. The June training will be held at the Secaucus Recreation Center, 1200 Koelle Blvd, Secaucus NJ 07094.

The YAC Application process has an online component to make things easier than ever- but there are still items that you'll need to bring with you to your interview. Be sure to utilize the provided checklist to make sure that you haven't missed any steps!

Please note – Not every YAC is the same! New Jersey is diverse and our youth staff reflects that diversity. We look for a mix of individuals who are both “in front of the scenes” and “behind the scenes” individuals. If you enjoyed your experience at LMTI and would like to share what you learned with the 2018 group, we hope you will consider applying to be a YAC.

Please contact the LMTI office if you have any questions. Best of luck!

The LMTI Staff and the YAC Selection Committee

YACS Application Checklist

STEP 1- ONLINE

- Fill out and submit the online application:
<https://goo.gl/forms/ULv6dBU3oR6pEpBz2>

DEADLINE

Saturday, January 27 by 11:59pm

STEP 2- FORMS & RECOMMENDATIONS

- Fill out "Contact Info and Parent Consent Form"
 - Get parent/guardian initials (3)
 - Get parent/guardian signature (1)
- Hand out Recommendation Forms
 - Advisor
 - General (**NOT** a peer or family member)
- Collect Recommendation Forms- Collect in sealed envelopes with referral signatures over the seals.
 - Advisor
 - General

DEADLINE

BRING ALL (Contact Info & Parent Consent Form and (2) Recommendations) TO YOUR INTERVIEW*

STEP 3- PICTURE

- Email a picture to rachel@Lmteeninstitute.org. Subject line – "YAC PHOTO- YOUR NAME" This is useful for the YAC selection committee when they do their final review of the applications.

DEADLINE

Saturday, January 27 by 11:59pm.

STEP 4- INTERVIEW

- Arrange your interview by signing up at <http://slyreply.com/app/sheets/2beu3avhjr82/>

You will receive a confirmation e-mail after signing up.

If you are having difficulty signing up or cannot make any of the open dates contact an LMTI staff member via email or phone

Email: rachel@Lmteeninstitute.org

Subject- YOUR NAME- YAC INTERVIEW

Phone: [\(201\) 696-0368](tel:(201)696-0368)

DEADLINE

Saturday, January 27 by 11:59pm

<i>Interview Dates</i>		
Wednesday, February 7	3pm-6pm	Woodstown, NJ**
Saturday, February 10	11pm-4:30pm	Secaucus, NJ*
Friday, February 16	4pm-6pm	Secaucus, NJ*
Monday, February 19	11am-5pm	Secaucus, NJ*
Saturday, February 24	11pm-4pm	Secaucus, NJ*

*These Interviews will be held at 37 Harmon Cove Towers, Secaucus, NJ 07094. Directions available online.

**These interviews will be conducted at Woodstown High School, 140 East Avenue, Woodstown, NJ 08098

If you cannot attend any of these dates contact the office at (201) 696-0368 and ask for an LMTI staff member.

Conference and Training Information & Attendance Policy

The following is a list of YAC Training dates:

- Saturday, April 14 10am-4pm
- Saturday, May 5 10am-4pm
- Saturday, June 9 – Sunday June 10 7pm-12pm
- Saturday, July 14 10am-4pm
- Saturday, August 11 10am-4pm

Conference Dates:

- Sunday, August 19, 2017 – Friday August 24, 2017
- Sunday, August 26, 2017 – Friday August 31, 2017

TRAINING ATTENDANCE POLICY

Attendance at each of these trainings is *critically* important to the success of the YACs. We expect that every effort will be made to attend *all* trainings. However, we do understand that conflicts may arise and therefore will allow all YACs **one (1)** excused absence. Beyond that, any additional absences will be reviewed by the LMTI staff on a case by case basis. Upon acceptance, YACs will be notified of the procedure they must follow regarding reporting an absence to the LMTI staff.

YAC Training Fee Schedule & Refund Policy

YAC Training Fee

The YAC Training fee is \$375.00. Each YAC's fee covers their five days of training, including one overnight. The stay at camp for the LMTI Summer Leadership Conference is provided by LMTI. The YAC Training fee is due no later than the second YAC training date, Saturday, May 5. If accepted as a YAC, you will receive a funding form to fill out for billing purposes. Please check with your advisor now so you know who will be paying your fee (i.e. your parents, school, or municipal alliance).

Refund Policy

1. A **full** refund will be given if a student drops out of, or is required to leave the YAC program **before the first training**.
2. A **partial** refund of \$150.00 will be given if the student drops out of, or is required to leave the YAC program **up until the overnight training**.
3. No refund will be given if a student drops out of, or is required to leave the YAC program after the overnight training.



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2018 Youth Advisory Council Application

YAC Applicant Contact Info and Parent Consent Form

I am a:	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Returning Applicant	I was a YAC last year:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please check which week(s) you are available for :					
<input type="checkbox"/> ONLY Session 1 (8/19-8/24) <input type="checkbox"/> ONLY Session 2 (8/26-8/31) <input type="checkbox"/> I am available for either					

Personal Information

First Name:		Last Name:			
Mailing Address:					
City:			State:		Zip Code:
Home Phone:			Student Cell Phone:		
Student Email:			Guardian Cell Phone:		
Age:	Date of Birth:	Gender:	Pronouns:	Current Grade (please circle): Freshman Sophomore Junior	
Advisor's Name (if applicable):			Action Group:		

Parent/Guardian Initials & Signature

I understand that, due to the number of YAC applicants LMTI receives each year, less than half of the outstanding young people who apply can be accepted. I further understand that by applying, my child (whether as a new or returning YAC) may receive a rejection form letter from the LMTI program. I agree to support both my child and the LMTI program in whatever decision is made by the selection committee. I understand that it is the policy of LMTI that individual reasons for any applicant's rejection are not personally discussed with the student, parent, or advisor.	PLEASE INITIAL:
I understand the LMTI policy regarding training attendance and that my child is responsible for attending the listed trainings. Additional missed trainings may result in my child's dismissal from the YAC program.	PLEASE INITIAL:
I understand that if my child selected that they are available for either session of camp, they may be placed in a session different than their Action Group. I will support LMTI's decision regarding session placement.	PLEASE INITIAL:
I understand the fee schedule and refund policy.	PLEASE INITIAL:
Parent/Guardian Name (please print):	Relationship:
Parent/Guardian Signature:	Date:

Student Signature

I understand that if accepted I am required to fulfill all YAC responsibilities and duties. That includes attending all pre-conference trainings, including Staff Training immediately preceding LMTI Summer Leadership Conference. Also, I must be present for the entire conference and may not arrive late or leave early. All of the answers on this application are based upon my own experiences and opinions.	
Student Signature:	Date:

****PLEASE BRING THIS AND YOUR COMPLETED RECOMMENDATION FORMS TO YOUR INTERVIEW****



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2018 YAC Application

ADVISOR RECOMMENDATION FORM

Instructions: Thank you for taking the time to fill out this form. Please complete form entirely and sign at the bottom of this sheet. Upon completion, place completed form into a **sealed envelope, put your signature over the seal and return to applicant** for inclusion in their application packet. Call (201) 696-0368 if you have any questions. Thank you!

Applicant's Name:	
Advisor's Name:	
Daytime Phone Number:	E-mail Address:

For each of the following characteristics, please rate the applicant according to your experiences.

	Average or Below Average	Good	Excellent	Outstanding	One of the Top Few I've Encountered In My Career
A. Leadership Ability/Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Positive Attitude/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ability to Express Themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Ability to Take Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Involvement and Commitment to Action Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Respect Towards Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand that if my student selected that they are available for either session of camp, they may be placed in a session different than their Action Group. I will support LMTI's decision regarding session placement.	PLEASE INITIAL:				

Comments (Please continue on back or attach another sheet or letter if desired):

Signature

I certify that I have filled out this form based up my personal experiences with the applicant and understand that I may be contacted by the YAC Selection Committee to further discuss my impressions of this candidate.

Signature:	Date:
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GENERAL RECOMMENDATION FORM

Instructions: Thank you for taking the time to fill out this form. Please complete form entirely and sign at the bottom of this sheet. Upon completion, place completed form into a **sealed envelope, put your signature over the seal and return to applicant** for inclusion in their application packet. Call (201) 696-0368 if you have any questions. Thank you!

Applicant's Name:			
Your Name:		Affiliation/Organization:	
Address:		City:	State:
Daytime Phone:		Relationship to Applicant:	

For each of the following characteristics, please rate the applicant according to your experiences.

	Average or Below Average	Good	Excellent	Outstanding	One of the Top Few I've Encountered In My Career
A. Leadership Ability/Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Positive Attitude/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ability to Express Themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Ability to Take Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Involvement and Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Respect Towards Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Please continue on back or attach another sheet or letter if desired):

Signature

I certify that I have filled out this form based up my personal experiences with the applicant and understand that I may be contacted by the YAC Selection Committee to further discuss my impressions of this candidate.

Signature:	Date:
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