



Young Women's Initiative – Cabinet Application

You must be between the ages of 16-24 to apply.

One letter of recommendation from a teacher, mentor, or a professor is required. Resume is optional.

Applicant Information

This information may be subject to data requests and practices

Name (Last, First, Middle Initial):

Current address:

Phone:

City:

State:

ZIP Code:

Optional Statistical Information

You are not legally required to provide any of the data requested in this section. However, we are asking all applicants to complete this section to ensure adequate representation.

Gender:

- ☐ Female
☐ Male
☐ Non-conforming

Age:

Disability:

- ☐ Yes
☐ No

Veteran:

- ☐ Yes
☐ No

Do you identify as part of the LGBTQ community?

- ☐ Yes
☐ No

Race/Ethnicity (Check all that apply):

Are you of Hispanic, Latin, or Spanish Origin:

- ☐ Yes
☐ No

- ☐ African American/Black
☐ American Indian/Native American or Alaska Native
☐ Asian/ Pacific Islander
☐ Middle Eastern/North African
☐ White or Caucasian
☐ Other:

Education/Experience

Education Level:

- ☐ High School
☐ College/University

School Name:

Grade/Year in School:

Have you ever served on a board, council, or committee?

- ☐ Yes
☐ No

Are you representing and/or associated with an organization?

- ☐ Yes
☐ No

If yes, please provide name of organization:

Community Specific Working Group Categories

Check all groups you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Disability |
| <input type="checkbox"/> African Immigrant | <input type="checkbox"/> Greater Minnesota |
| <input type="checkbox"/> American Indian and/or Native American | <input type="checkbox"/> Hispanic and/or Latina |
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> LGBTQ |

Please Answer All Questions Below:

Why do you want to serve as a member of the Young Women's Cabinet (YWC)?

What experiences do you have with working on community issue, including volunteer experiences? Please explain.

Please discuss your strengths that would contribute to the YWC?

What do you see as challenges and opportunities for young women growing up in Minnesota?

Participant Agreement

I understand that the YWI MN Young Women's Cabinet meetings are held at least two times per month and the workgroup meetings are held twice from December 2016-April 2017. The Cabinet terms is through April 2017. All participants will be notified of training dates and committee meetings as members are selected. I have read and understand the time commitment required for the YWI MN Young Women's Cabinet. I also know and agree with the importance of teamwork and cooperation. I am able to make such a commitment to the YWI MN Young Women's Cabinet.

Student Signature:

Date:

PARENT/GUARDIAN PERMISSION required for youth under the Age of 18.

Name (s) of youth participant:

Name (s) of parent/guardian:

I hereby give my child permission to apply for selection to the Young Women's Cabinet.

Parent/Guardian Signature:

Date:

SUBMITTING APPLICATION - DEADLINE IS NOVEMBER 4, 2016

All application materials, including supporting documents, must be submitted to the Office of Governor Mark Dayton and Lt. Governor Tina Smith via:

- Mail or in person: 116 Veterans Service Building 20 West 12th Street Saint Paul, MN 55155
- Email: Appointments.Gov@state.mn.us

If you have any questions regarding the application, please contact Deena Zabulake, Director of Youth Development, YWCA St. Paul, at dzubulake@ywcapfstpaul.org or 651-222-3741