

Family Violence Prevention Services, Inc.,

Youth Advisory Council of San Antonio

MISSION: The Youth Advisory Council's mission is to engage high school sophomores, juniors and seniors in addressing generational domestic violence that affects their lives and their schools with the goal of breaking the cycle early.

GOAL: Serving on the Youth Advisory Council will help FVPS embrace the voices of young people in our quest to prevent domestic violence.

FAMILY VIOLENCE PREVENTION SERVICES has been actively combating domestic violence in San Antonio for 45 years and is now excited to work with high school students, the next generation in our community.

WHO SHOULD APPLY: 2022 SOPHOMORES, JUNIORS AND SENIORS

We encourage high school sophomores, juniors and seniors that are interested in learning and contributing as it relates to teen dating violence and how it affects the San Antonio Community.

YOUTH ADVISORY COUNCIL WILL...

- Participate in monthly Virtual Meetings (virtual for the time being)
- Engage with each other to address community issues
- Expose participants to the nonprofit world
- Gain an understanding of the role our community leaders play
- Gain an understanding of the court system in domestic violence
- Gain an understanding of law enforcement in domestic violence

YOUTH COUNCIL PROCESS

- Accepting applications year round
- Virtual interview
- Welcome meeting

HOW CAN A STUDENT APPLY?

Interested students should complete the application form and submit to Christina Campos at <u>Christina.campos@fvps.org</u> or Amber Guerra at <u>amber.guerra@fvps.org</u>. If there are any questions concerning application process please feel free to contact Christina or Amber.

45 years providing safety and comprehensive, professional services to victims of domestic violence in Bexar County and surrounding areas.

7911 Broadway, San Antonio, TX 78209 Administration (210) 930-3669 ** Shelter Hotline (210) 733-8810 www.fvps.org

January 2022



2022 – 2023 YACSA APPLICATION

| First Name: | | Last | Last Name: | | | |
|-------------------------------|------------------|-----------------|-----------------------------------|-------|--|--|
| Home Address: | | | | | | |
| City: | State: | Zip: | Phone #: () | | | |
| Date of Birth | | Grade fo | Grade for 2020/2021 School Year | | | |
| Name of High School | | | | | | |
| Email: | | | | | | |
| List any youth councils / clu | ubs / activities | you are a pa | rt of, including leadership posit | ions: | | |
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| What do you know about Te | een Violence? | Domestic V | iolence (DV)? | | | |
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| Does your high school offer | education on | DV? | | | | |
| Do you believe DV is a pro | blem in your d | listrict / high | school? If so, why? | | | |
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On a scale of 1 to 10 how proactive has your district / high school been in combating DV (**1** *not at all*, **10** *very proactive*)?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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If selected, what topics would you be interested in discussing?

Are you willing to commit to a minimum of 1 meeting per month, and additional engagement with your committee?

OPTIONAL: Do you have any additional thoughts and/or experiences with domestic violence that you would like to share?

Certification of Application

I, ______, certify that the knowledge on this application and any additional material submitted are true and complete to the best of my knowledge. I commit to attending all meetings unless extenuating circumstances arise.

 Applicant Signature
 Date

 I, ______, do herby give my consent for my child to participate in the FVPS Youth Advisory Council and understand that he/she is expected to be present at all meetings.

Parent /Guardian Signature _____ Date _____

Completed applications must be submitted via email to Amber Guerra at <u>amber.guerra@fvps.org</u> or Christina Campos at <u>Christina.campos@fvps.org</u> or mailed to:

FVPS, ATTN: Amber Guerra, 7911 Broadway San Antonio, Texas 78209