



**Family  
Violence  
Prevention  
Services, Inc.**

**The Battered Women  
and Children's Shelter**

**YOUTH ADVISORY COUNCIL APPLICATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Attending School/District: \_\_\_\_\_

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

List any youth councils / clubs / activities you are a part of, including leadership positions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you know about Teen Dating Violence (TDV)? Domestic Violence (DV)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your school offer education on TDV/DV? \_\_\_\_\_

Do you believe DV is a problem in your district/school? If so, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 to 10 how proactive has your district/school been in combating TDV (1 *not at all*, 10 *very proactive*)?

1	2	3	4	5	6	7	8	9	10

If selected to participate in Youth Advisory Council, what topics would you be interested in discussing or learning about? \_\_\_\_\_

\_\_\_\_\_

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 teen dating violence that you would like to share?

\_\_\_\_\_

\_\_\_\_\_

**OPTIONAL:** Would you be interested in starting a YAC Chapter at your school?

- Yes Thank you! We will reach out with more information on starting a YAC Chapter soon!
- No Thank you! We will reach out with a Youth Advisory Council welcome packet soon!
- Maybe Thank you! Let us know if you would like more information to help you make your decision!

### Certification of Application

I, \_\_\_\_\_, acknowledge that the information 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 hereby 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 can be completed Online, submitted via email to Christina Campos at [Christina.campos@fvps.org](mailto:Christina.campos@fvps.org) or mailed to:**

**FVPS, ATTN: Christina Campos, 7911 Broadway San Antonio, Texas 78209**

