

Young Adult Consultant Application



Capacity Building
CENTER FOR STATES

Today's Date:

Name:

Street address and apartment number (if applicable):

City:

State:

Zip code:

Phone number:

Email address:

Preferred method of communication:

Text Email Call Social media

Date of birth:

Gender association:

Male Female Other

Racial/Ethnic background:

Length of time spent in foster care:

State(s) where you experienced foster care:

What is the highest academic level that you have completed?

High school or equivalent

Technical or occupational certificate

Associate degree

Degree:

Some college coursework completed

Bachelor's

Degree:

Master's

Degree:

Doctorate

Degree:

Professional

Degree:

Do you currently have a state identification, driver's license or a national passport? These will be required for the purposes of travel, contracting, and reimbursement of expense.

Yes

No

Select which activities you have experience with that will serve useful in the role as a Young Adult Consultant. Select all that are applicable.

Technical Skills

Technical Writing

Microsoft Office (Word, Excel, PowerPoint)

Document review (Tip sheets, brochures, publications)

Policy review (Legislation, state and/or federal rules and procedures) Research

Presentation Skills

Public speaking

Meeting facilitation

Workshop presentations

Webinar presentations

Panel presentations

Key note presentations

Programmatic Skills

Curriculum development

Program development

Program analysis (i.e., reviewing reports, understanding data systems and training procedures, participating in focus groups, conducting interviews, etc.)

Working with youth and young adults

Working with child welfare professionals

Developing Youth Advisory Boards

Program/Knowledge Areas (Select all that apply)

Youth engagement

Youth development

Relational/Emotional permanency

Preventing Sex Trafficking and Strengthening Families Act (P.L. 113–183)

Family First Prevention Services Act

Pregnant and parenting youth

Normalcy

National Youth in Transition Database

Maintaining family and sibling connections

LGBTQ+

Kinship care

Juvenile justice and crossover youth

Independent living and transition planning

Indian Child Welfare Act

Foster parent recruitment

Family preservation/In-home services

Congregate care

Adoption

Short Answer Questions

Please provide a few sentences to each of the following questions:

1. Why are you applying to be a Young Adult Consultant with the Capacity Building Center for States?

2. Please share with us any training experience that you have. Include trainings you have received and trainings you have led or facilitated. (Training areas may include but are not limited to positive youth development, strategic sharing, permanent connections, trauma informed care, etc.)

Trainings I have facilitated or led:

Trainings I have received:

3. Please share with us any internships, volunteer activities or involvement in the community you have done or currently are engaged in. (Include clubs, boards, groups, etc.)

4. Please share with us any limitations or obligations you may have that could interfere with your participation as a Young Adult Consultant. Please keep in mind that we understand that your answer now may change.

5. Is there anything else that you would like to share with us as it relates to your application to be a Young Adult Consultant?

6. Please provide a short biography of no more than 250 words that best describes you and your experience (if selected as a Young Adult Consultant we will work with you to further develop your biography).

Professional or Personal Reference

Name:

Phone number:

Email address:

Relationship to applicant:

Professional or Personal Reference

Name:

Phone number:

Email address:

Relationship to applicant:

Please send this application, along with your resume, to Madison Sandoval-Lunn at Madison.Sandoval-Lunn@icf.com by February 15, 2019.