



The
Trauma-Informed Schools Learning Network
for Girls of Color

**Trauma-Informed Learning Network for Girls of Color
Youth Advisory Committee Application**

Please respond to the questions that you are comfortable responding to. Skip any questions that make you feel uncomfortable or uneasy. All of your responses will be kept confidential and will only be read by the recruitment staff of the Learning Network's Advisory Committee. Your responses will not be shared with any other entity or person.

The purpose of these questions are to learn more about you and ensure that the youth advisory committee is composed of a diverse group that has a broad range of experiences and identities.

If applicant is younger than 18 years old, legal parental/guardian permission is required to fill out this form.

I, **Parental/guardian** (print name) _____ give permission for (child's name) _____ to fill out the Trauma-Informed Schools Learning Network for Girls of Color Youth Advisory Committee Application.

Signature of Guardian or Parent: _____ Date: _____

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To be Filled Out by Applicant

Name:

Date:

What state do you live in? _____

What city you live in? _____





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All multiple-choice questions in this section are optional.

1. What most accurately describes your age?
 - a. 12-14
 - b. 15-17
 - c. 18-24
 - d. Over 24

2. What is your sexual orientation? (mark all that apply)
 - a. Gay/Lesbian
 - b. Heterosexual/Straight
 - c. Bi-sexual
 - d. Questioning

3. What best describes your gender identity?
 - a. Female
 - b. Male
 - c. MtoF (trans)
 - d. FtoM (trans)
 - e. Non-binary¹

4. What is your race/ethnicity?
 - a. African American/Black
 - b. Asian/API
 - c. Native/Indigenous
 - d. Latina(x)
 - e. Mixed
 - f. White

5. Have you ever (mark all that apply):
 - a. Been placed probation, incarcerated or placed on supervision
 - b. Been in the foster care system
 - c. Been suspended from school
 - d. Been expelled from school
 - e. Been arrested/detained on school campus
 - f. Been diagnosed with a traumatic stress disorder

6. What best describes your education background?
 - a. Currently in middle school
 - b. Currently in high school
 - c. Did not complete high school
 - d. Graduated high school with diploma or GED
 - e. Graduated high school and taking a “gap year”
 - f. Enrolled and attending college. If so, what year _____
 - g. Enrolled in technical training program
 - h. Graduated a 2-year university/college
 - i. Graduated a 4- year university/college graduate
 - j. Enrolled in a graduate school program

¹ **Non-binary** also termed Genderqueer, is a category for gender identities that are not exclusively masculine or feminine. Genderqueer/non-binary people may express a combination of masculinity and femininity, or neither, in their gender expressions.



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7. How did you hear about Trauma-Informed Schools Learning Network for Girls of Color?
 - a. Social Media (Twitter, Facebook, Instagram)
 - b. School
 - c. After school program
 - d. Non-profit agency. If so, what agency _____
 - e. Mentor
 - f. Friend
 - g. Parent/Guardian
 - h. Other- please describe: _____

Responses to the following prompts are required. (1,000 characters or less)

1. Why do you want to be on the Learning Network's youth advisory committee and how do you feel you can contribute to the Learning Network?

2. Do you think it is important to address trauma in school? If so, why?

3. Do you think it is important to address trauma in schools- specifically for girls of color? If so, why?

4. What, if any, discipline or other experiences in school have made you uncomfortable or felt unfair to you as a girl?

5. If you could offer advice to a teacher, a principal or a school resource office (SRO) on how to work with girls of color that have experienced trauma, **what would you say?**





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References

This section is optional. You may provide contact information for 1 or 2 people who can serve as your references. These references can be a teacher, employer, counselor, and/or mentor.

Name of Reference #1:

How do you know this person?:

Email:

Phone number:

Name of Reference #2:

How do you know this person?:

Email:

Phone number:

Permission to Display Your Name

If selected, would you prefer to remain anonymous in Learning Network materials, or do you grant permission to the Learning Network to include your name on its website and other materials?

- I prefer my name not to be used in public materials
- I prefer my city and state not to be used in public materials
- I permit the Learning Network to include my name, city, and state on its website and other materials