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**National
Black Women's
Justice Institute**

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

Thank you for your interest in becoming a Youth Advisor at the Georgetown Law Center on Gender Justice & Opportunity!

The Youth Advisory Committee guides the work of the Schools for Girls of Color Learning Network. The Learning Network is a group of 1300+ educators across the world who are committed to making schools safe spaces where girls of color can reach their full potential.

All of your responses will be kept confidential and will only be read by the recruitment staff of the Learning Network's Youth Advisory Committee. Your responses will not be shared with any other entity or person.

The purpose of these questions is 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.

Please submit this application by May 19th by emailing it to genderjusticecenter@georgetown.edu

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What is the Youth Advisory Committee?

- It has about 12 members, all high school and college-aged, who identify as girls or gender-expansive youth of color;
- The Committee meets monthly (and sometimes twice monthly) via Zoom;
- It runs through the academic year only (i.e., September - May);
- There is a collaborative project each year, developed during the spring semester, which allows the Advisors to learn new skills and work together in producing a deliverable that documents the work they've done with us;
- The Committee's programming and project centers around a programmatic theme. Past themes include mental health and reproductive justice;
- A Youth Engagement Associate, who works at the Center, will serve as a liaison between Advisors and leadership, be a resource for them, and serves as a project manager on the collaborative project;
- Our meetings include guest speakers who address the Advisors on issues in their field related to the topic we've chosen for that academic year;
- There will be additional opportunities for the Advisors, such as public speaking and participation in webinars.

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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: _____

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

To be Filled Out by Applicant:

Name: _____

Date: _____

What state do you live in? _____

What city do you live in? _____



All multiple-choice questions in this section are optional.

1. **What is your age?** _____

2. **What is your sexual orientation?**

Gay/Lesbian Heterosexual/Straight Bi-sexual Queer Questioning Other _____

3. **What best describes your gender identity?**

Cisgender female Cisgender male Transgender female Transgender male Non-binary
 Other _____

4. **What is your race/ethnicity?** (mark all that apply)

African American/Black Asian/API Native/Indigenous Latina(x)
 Mixed-race White

5. **What best describes your education background?**

Currently in middle school
 Currently in high school
 Did not complete high school
 Graduated high school with diploma or GED
 Graduated high school and taking a “gap year”
 Enrolled and attending college. If so, what year? _____
 Enrolled in technical training program
 Graduated a 2-year university/college
 Graduated a 4- year university/college graduate
 Enrolled in a graduate school program

6. **How did you hear about Trauma-Informed Schools Learning Network for Girls of Color?**

Social Media (Twitter, Facebook, Instagram)
 School
 After school program
 Non-profit agency. If so, what agency? _____
 Mentor
 Friend
 Parent/Guardian
 Other- please describe: _____



Responses to the following prompts are required. (200 words or less per question)

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. Why is it important to address trauma in schools- specifically for girls of color?

3. 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?

4. Every year, the Learning Network has a programmatic theme and the Youth Advisory Committee develops a project around this theme. What topics are you interested in for a programmatic theme?

Write Y (Yes) or N (No)

Police in Schools

Adultification Bias in Schools

Gendered Bullying/Cyberbullying/Social Media

School Dress Code Policies

The Impact of Youths' Caretaking Roles at Home

5. Who is an advocate or activist you admire and why?



Time Commitment

This opportunity is intended for girls and gender-expansive youth of color who support the mission of the Learning Network and are committed to active engagement and on-camera participation. This includes mandatory attendance at approximately 12 meetings over the course of the academic year.

What are other commitments you anticipate for Fall 2023?

Write Y (Yes) or N (No) for days/times that you would be tentatively available for meetings.

Mondays 5:30-6:30 PM Eastern Standard Time

Mondays 6:00-7:00 PM Eastern Standard Time

Tuesdays 5:30-6:30 PM Eastern Standard Time

Tuesdays 6:00-7:00 PM Eastern Standard Time

Wednesdays 5:30-6:30 PM Eastern Standard Time

Wednesdays 6:00-7:00 PM Eastern Standard Time

Thursdays 5:30-6:30 PM Eastern Standard Time

Thursdays 6:00-7:00 PM Eastern Standard Time

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Sponsor Information

The Learning Network requires that each Youth Advisor have an adult sponsor. The sponsor will serve on a minimal, as-needed basis as a liaison between the Leadership of the Learning Network and the young person when support is needed to facilitate engagement with an Advisor. The sponsor will not be expected to attend regular meetings. This person can be a teacher, coach, mentor, extracurricular leader, or another trusted adult.

Name of Sponsor:

How do you know this person?

Email:

Phone number:

Permission to Display Your Name and Photo

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?

Please select all materials you permit us to display:

- Your name**
- Your photo**
- Your city and state**
- I'd prefer to remain anonymous**

I, _____, attest that I give the Learning Network permission to display the information check above