

If you need help filling out this form, please let us know. Email [Elaine Stefanowicz](#) or call 360-890-3774.

GCDE Youth Advisory Council Application Form

Applicant Information

Full Name: _____

Age: _____

Email Address: _____

Phone Number: _____

City/Town: _____

School / Organization (if any): _____

About You

1. Do you identify as a person with a disability?

Yes No Prefer not to say

2. Why do you want to join the GCDE Youth Advisory Council?

3. What issues are important to you?

(Check all that apply)

- Disability rights
- Mental health
- Education
- Legislative advocacy
- Equity and inclusion
- Community engagement
- Other: _____

4. What ideas do you have to help your community?

5. Tell us about your experience (school, work, volunteering, or leadership):

6. Tell us about a time you participated individually or in a group to make a change.

Commitment

If selected, I agree to:

- Attend quarterly meetings
- Participate in activities and projects
- Work respectfully with others
- Share ideas and speak up

Your Signature:

Date:

Optional Information (to help us ensure diversity and inclusion)

Languages you speak:

Anything else you would like us to know:

Parent/Guardian Consent (if applicable)

Parent/Guardian Name: _____

Signature: _____

Date: _____

Contact Email/Phone: _____

Submit Your Application

Please submit your completed application by emailing it to: [Elaine Stefanowicz](#)

Final Note

This is your chance to **share your voice, build leadership skills, and make a difference** in Washington State. We are excited to hear from you!