

ECAC Junior Youth Advisory Team (JYAT)

Job Description & Details

PURPOSE: ECAC recognizes the power and value of the voice and ideas of young people. ECAC's Junior Youth Advisory Team (JYAT) helps us design projects, programs, and resources that are created for youth, by youth. ECAC staff work in partnership with the group to coordinate opportunities and trainings that support the interests and personal development of the JYAT members.

DETAILS:

- **When:**
 - The JYAT will meet bi-monthly for approximately 1 hour on a Tuesdays at 6:30. (Time may vary during the summer months.) **Participants will receive a \$25 gift card for each meeting they attend.**
- **Where:**
 - JYAT meets in a closed group via zoom.
- **Who:**
 - Any NC youth with a disability or special health care need, between the ages of 10 through 13, is eligible to participate.

RESPONSIBILITIES

- Commit to participate in the JYAT for at least 1 year.
- Participate in all JYAT meetings with no more than 3 excused absences in a 12 month period. (Cameras are expected to be on during zoom meetings)
- Contribute content and/or input to a quarterly newsletter for Youth
- Demonstrate an ongoing desire and ability to contribute to the achievement of the group
- Act as an ambassador for ECAC and those with disabilities and/or special needs in the community
- Participate in a 1-day Youth Summit, date to be determined.

To Apply: Complete the interest form below and submit to

ecacyouth@ecacmail.org. **Questions?**

Please call ECAC at 704-892-1321.



Junior Youth Advisory Team Application

You may also answer these questions in the format of a 3-minute video.
Other application formats will also be considered as needed.
Fields outlined in **Red** are required.

Name:

Date of Birth:

Address:

County:

Phone:

Email:

Please contact me via: phone text email

School:

Grade:

Parent Names:

What is your Ethnicity?

What is your Race?

I have a special need or disability:

Please tell us about your disability or special health care need:

I have an: IEP 504

I had an: IEP 504

I need the following accommodations to participate (describe):

I understand the expected commitment and responsibilities of joining the Junior Youth Advisory Team.

Youth Signature:

Parent Signature: