

## ECAC Youth Advisory Team

### Job Description & Details

**PURPOSE:** ECAC recognizes the power and value of the voice and ideas of young people. ECAC's Youth Advisory Team (YAT) 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 YAT members.

### DETAILS:

- When?
  - The YAT will meet bi-monthly for approximately 1 hour on a Thursdays at 6:30. (Time may vary during the summer months.) **Participants will receive \$25 compensation via a mailed check for each meeting they attend.**
- Where?
  - YAT meets in a closed group via zoom.
- Who?
  - Any NC youth or young adult with a disability or special health care need, age 14 or older is eligible to participate

### RESPONSIBILITIES

- Commit to participate in the YAT for at least 1 year.
- Participate in all YAT 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](mailto:ecacyouth@ecacmail.org). **Questions?** Please call ECAC at 704-892-1321.



# 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:

Only needed if under 18 or if parent retains guardianship.

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 Youth Advisory Team.

Youth Signature:

Parent Signature: