**Draft application for the Youth Advisory Board (YAB)**

Thank you for your interest in the Youth Advisory Board (YAB) with the Transitions to Adulthood Center for research

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you served on a Youth Advisory Board before?

* Yes
  + If yes please describe
* No

Gender:

* Male
* Female
* Transgender
* Gender Fluid
* Other
* Do not wish to disclose

Racial Identity:

* Native American or Alaska Native
* White
* Black or African American
* Hispanic/Latino/Spanish origin
* Asian
* Middle eastern
* Northern African
* Other
* Do not wish to disclose

Which currently describes your mental health diagnosis (choose all options that apply) :

* Anxiety
* Depression
* Bi-polar
* Schizophrenia
* Dissociative Identity disorder
* OCD
* Eating disorder (anorexia/ bulimia)
* Do not wish to disclose
* Other please describe

In what state or territory do you currently reside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you find out about the YAB?

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Briefly describe your interest in the YAB?

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If hired as a member of the YAB can you commit to 12 months with the YAB (meetings are 1x a month for about 2 hours, virtually using zoom)?

* Yes
* No