

Adolescent Division

School of Medicine

Youth Advisory Board Application 2021-22

You can fill this application out electronically and email the completed version to **cgmeaghe@iu.edu** OR print out the application, then scan/take a picture of it and send to **cgmeaghe@iu.edu** OR fax it to **317-274-0133.**

	Date
Part 1 - About You	
Name	
Pronouns:	
Birthdate	
Gender □ Male □ Female □ Non-Binary/3 rd Gende	□ Prefer to Self-Describe
School	Grade \Box 10 th \Box 11 th 12th
Do you have access to a smart phone or computer	(with internet access) for 2 hours consecutively?
□ Yes □ No	
Are you able to commit to attend 4 out of the 5 m	eetings?
Because we want to ensure our advisory board is	diverse, we ask that you answer the following questions
Race (check the following boxes that apply to you):	Ethnicity (check the following boxes that apply to you
☐ American Indian or Alaskan Native	☐ LatinX
☐ Asian	☐ Non-Hispanic
☐ Black or African American	Other:
☐ Native Hawaiian or Other Pacific Islander	
□ White	
Do you currently have:	
□ Asthma	☐ Cerebral Palsy
□ Diabetes	☐ Sickle Cell Anemia

☐ Cystic Fibrosis	□ Epilepsy			
☐ Cancer (check if you have a history)	☐ Congenital He	art Problems		
☐ ADD/ADHD	☐ Migraines			
☐ Anxiety/Depression				
Are you currently homeless? ☐ Yes ☐ No				
Part 2 – Contact Information				
Home Address				
City, State, Zip code				
Home Phone				
Parent Cell Phone	_ May we text this number?	□ Yes □ No		
Youth Cell Phone	May we text this number?	□ Yes □ No		
E-mail:				

Part 3

Write one page on why you would like to become a member of the advisory board. Ask yourself the following questions: What experiences do you bring to the advisory board? What skills can you contribute? What goals do you hope to accomplish as part of the advisory board?

Thank you for completing this application. We assure you that all information written will be kept confidential.								