



CONGRESSMAN FRANK PALLONE JR'S YOUTH ADVISORY COUNCIL

2018 APPLICATION INSTRUCTIONS

Thank you for your interest in serving on Congressman Frank Pallone, Jr's Youth Advisory Council. The Congressman hopes to inspire civic-minded high school students to be involved in community and political issues on a local, state and national level. Council members will have an opportunity to advise the Congressman on matters that affect young adults and provide input in legislative issues. Members will be expected to participate in quarterly meetings, share ideas about legislation and youth issues, raise awareness about the Youth Advisory Council and other select events hosted by the Congressman and perform other duties, as assigned.

Please compile the required materials in a single packet and submit by email, mail or fax to Ms. Jael Davis of Congressman Frank Pallone, Jr.'s New Brunswick District office **by 5p.m. on Friday, November 3, 2017**. Ensure that your final submission is legible, completed in full and that it includes all requested documents— incomplete application packets are subject to refusal. Feel free to contact Ms. Jael Davis with any questions.

**Please note that Council Members are only eligible to serve for two terms (each term is one year), and must reapply in order to serve a second term.*

REQUIRED MATERIALS:

- **Completed Application Form (with responses)**
- **Completed Media Release Form**
- **Two Letters of Recommendation**
Each letter should be from an individual who can attest to your interest in community/ civic service and should include the recommender's contact information
- **A recent photograph of yourself**
- **Resume (optional)**

Email: jael.davis@mail.house.gov

Mail: Congressman Frank Pallone, Jr.
ATTN: Jael Davis
67/69 Church St.
New Brunswick, NJ 08901

(Mailed application must be received by November 3, 2017)

Fax: 732-249-1335

Phone: 732-249-8892



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2018 APPLICATION FORM

New Application

Renewal Application

(If you have previously served as a Council Member)

APPLICANT'S INFORMATION

Name:

Street Address:

City:

State:

Zip:

High School:

Grade:

Home Phone:

Cell Phone:

Email Address:

PARENT/GUARDIAN'S INFORMATION

Name:

Phone:

I, the undersigned, hereby confirm that all of the information provided on this application is true and accurate. I understand that my application packet will be reviewed by Congressman Pallone and his staff. If selected, I will uphold the values of the Youth Advisory Council and serve as a faithful member.

APPLICANT'S SIGNATURE:

DATE:

PARENT/GUARDIAN'S SIGNATURE:

DATE:

Please attach an additional sheet(s) responding to each of the following. Be sure to address each question/statement individually.

1. List all clubs and activities that you currently participate in.
2. Why do you want to serve as a member of Congressman Pallone's Youth Advisory Council?
3. What specific policy areas are of interest to you?



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2018 MEDIA RELEASE FORM

Name:

Street Address:

City:

State:

Zip:

Email Address:

Twitter Handle (optional):

I understand that as a member of Congressman Frank Pallone, Jr.'s Youth Advisory Council I may be photographed or filmed during any meeting or event. Therefore, I hereby grant permission to share my name, photo, video recording and/or other electronic or printed communications of me, if selected. I understand that such photographs, recordings, etc. may be displayed on Congressman Pallone's official website, social media pages and other publications referencing the Youth Advisory Council.

I waive any right to inspect or approve photos, videos or electronic recordings related to my participation in the Youth Advisory Council.

I, the undersigned, expressly release use of my name and/or likeness in the aforementioned manner(s) to Congressman Pallone, members of his staff and members of the press, should the occasion arise.

APPLICANT'S SIGNATURE:

DATE:

PARENT/GUARDIAN'S SIGNATURE:

DATE: