Zuni Youth Enrichment Project

Youth Advisor Application

The Zuni Youth Enrichment Project is searching for highly motivated Youth Advisors between the ages of 15-24 who want to make a positive difference in their community. ZYEP Youth Advisors will provide a voice for Zuni Pueblo’s 2,900 members under the age of 18 and use their strengths to mentor the next generation of emerging Zuni leaders.

Benefits of being a Youth Advisor include...

- Actively developing leadership, communication, and business skills.
- Volunteer for projects that benefit Zuni youth and their families.
- Exposure to education and career pathways that positively contribute to Zuni Pueblo.
- Increased opportunities for paid work experience with ZYEP.
- Advising ZYEP and the Zuni Tribe on policies and programs affecting Zuni youth.
- Positively represent Zuni and ZYEP to the community, region, and world.

Duties

- Attend all Youth Advisory activities and monthly meetings.
- Actively support ZYEP programming.
- Be in good academic and social standing in the Zuni community.
- Represent themselves, the Zuni community, ZYEP, and Youth Advisors with honor and respect at the community, state, and national level.

Eligibility

- Must be 15-24 years of age
- Must live in the Zuni Community
- Have a deep desire to make a positive difference in the lives of Zuni youth.
- Be engaged in school, community organizations, or other roles.

Applications are due on February 15, 2019.

Ho’o’o A:wan Park is open for drop off Monday-Friday 8 am - 6pm and Saturdays 10 am - 4 pm.

** All applicants must submit a Youth Advisor application and Adult Recommendation form.
Applicant Information: (please print clearly)

First Name: ___________________________ Last Name: ___________________________
Age: _______ Grade: _______ Gender: _______ School: ___________________________
Mailing Address: ________________________________________________________________
Best Phone Contact: ___________________________ Email: __________________________

Parent/Guardian Contact:
First Name: ___________________________ Last Name: ___________________________
Relationship to applicant: ___________________________ Phone Number: __________

*In Case of Emergency, please list contact person and phone numbers:
Name: ___________________________ Phone Number: __________________________

Please Describe why you want to be a youth advisor (use back page if necessary):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Name and contact of one adult (no family members please) who can speak to your ability to serve as a ZYEP Youth Advisor. (Reference should be attached in an enclosed envelope.)
Name: ___________________________ Relationship to you: ___________________________
Phone: ___________________________ Email: __________________________

As parent/guardian, I give permission for my child to be a ZYEP Youth Advisor

Parent/Guardian Signature (if under 18) ___________________________ Date __________

Student Signature: I agree to be a responsible member of ZYEP’s Youth Advisory Team

Student Signature ___________________________ Date __________
Youth Advisor Reference Form

Applications are due by February 15, 2019

Thank you for serving as a reference. ZYEP is searching for Youth Advisors that have a desire to make a positive difference for the young people living in their community. ZYEP Youth Advisors will provide a voice for Zuni Pueblo’s 2,900 community members under the age of 18 and use their strengths to mentor the next generation of emerging youth leaders. We appreciate your honest thoughts on behalf of this applicant.

Please return this reference to the applicant in a sealed envelope with your signature across the seal.

Applicant’s Name: ________________________________
Reference Name: ________________________________
Reference Phone Number: _________________________
Reference Relationship to the applicant (no family members please): ________________________________

For the Following 9 questions, please answer 1-5 (1=very poor, 2=below average, 3=average, 4=above average, 5=exceptional) or NA (not able to judge)

7. Ability to work in a team: ________ 8. Potential to grow from this experience: ________
9. Overall level of recommendation: ________

What are the strengths and weaknesses of the applicant? _____________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Are you aware of any reason why this applicant should not be selected? If yes, please elaborate:
_________________________________________________________________________________________

Thank you again for taking the time to serve as a reference.