

DID YOU KNOW...?

- 75% of high school students nationwide students experienced bullying due to their sexual orientation ~GLSEN School Climate Survey 2005
- 38% of high school students nationwide were physically harassed due to their sexual orientation or gender expression ~GLSEN School Climate Survey 2005
- Lesbian, gay, and bisexual students who attend *DC Public Schools* experience significantly higher rates of truancy, poor academic performance, substance abuse, dating violence, attempted suicide, and rape than their straight peers ~DC Youth Risk Behavior Survey 2007

ACT NOW!

YOUTH ADVOCACY INTERNSHIP

SMYAL: A SAFE SPACE TO BE WHO YOU ARE

ABOUT SMYAL

The Sexual Minority Youth Assistance League (SMYAL) is a nonprofit service organization dedicated to supporting lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth ages 13-21. In order to promote healthy and productive lives for LGBTQ youth, SMYAL's programming focuses on five areas: life skills and leadership development, counseling and support, health and wellness education, safe social activities, and community outreach and education.

MISSION

The mission of SMYAL's Youth Advocacy Internship is to provide opportunities for youth to develop leadership skills, increase knowledge of and raise awareness about LGBTQ issues, promote tolerance, and advocate for positive social change.

EXPECTATIONS

As a Youth Advocate, you will be expected to:

- Commit to fulfilling the program mission from September 15, 2008 to December 31, 2008.
- Attend required weekly meetings from 6-8pm on Wednesdays, orientation, and workshops for a total of 30 hours.
- Observe, co-facilitate, and co-lead an LGBTQ awareness workshop for a school or community organization.
- Help create educational materials and programs for the workshops.
- Participate in SMYAL outreach events.
- Post bi-weekly report on SMYAL youth blog.

QUALIFICATIONS

SMYAL is looking for 10 straight ally, lesbian, gay, bisexual, transgender, or questioning, youth who demonstrate strong leadership ability for the Youth Advocacy Internship. You must be 15-18 years of age by the application deadline in order to apply for the position. If you are under 18, the parental consent form must be signed and turned in with the application. A letter of recommendation from an adult that you have worked with in the past three years is required.

BENEFITS

Youth advocates receive numerous benefits for their service. In addition to developing public speaking skills and leadership abilities, high school students can earn community service credits from participating schools for their work or a monetary stipend. Youth advocates will also gain experience in the promotion, publicity, public policy, and internet publishing career fields. Food will be provided at weekly meetings in addition to metro fare if needed.

DEADLINE

The application period begins on Friday, August 15, 2008 and ends on Friday, September 19, 2008. Applications need to be mailed, faxed, e-mailed or hand delivered to SMYAL. If you have further questions please contact SMYAL's Leadership and Community Education Coordinator, Linsey Mayhew at the e-mail address and phone number listed below. Good Luck!

YOUTH ADVOCACY INTERNSHIP APPLICATION

Name: _____ **Age:** _____

Last First

Home Address: _____
Street Apt. City State Zip

Home Phone: _____ **Cell Phone:** _____

E-mail address: _____

Guardian Name: _____ **Relationship:** _____

Last First

Relationship: _____

Last First

Home Address: _____
 Same Street Apt. City State Zip

Home Phone: _____ **Cell Phone:** _____
 Same

EDUCATION

List schools that you have attended in the last 3 years beginning with your current school.

| School | Address | Grade |
|--------|---------|-------|
| | | |
| | | |
| | | |

Awards and Recognition: _____

EXTRACURRICULAR ACTIVITIES

Use the space below to list any sports, clubs, band, church, volunteer work, employment or other activities. Please attach another piece of paper if you run out of room below.

| Activity | Position |
|----------|----------|
| | |
| | |
| | |

Awards and Recognition: _____

QUESTIONS

Please answer each question in one paragraph (5-7 sentences). You may use the space below to handwrite your response or you may attach a typed response.

1. Describe what makes you an excellent leader and explain how this will help you be an effective Youth Advocate Intern.

2. Why are you interested in raising awareness about LGBTQ issues?

REFERENCES

Please list two adult references that you have worked with in the past three years that did NOT write your recommendation letter (teachers, coaches, youth pastor, mentor, drama teacher, etc.)

Name: _____ Relationship: _____
Last First

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____
Last First

Home Phone: _____ Cell Phone: _____



Parental Consent Form

For SMYAL's Youth Advocacy Internship

Please read the following, sign, and date below.

My child, _____, has my consent to participate in SMYAL's Youth Advocacy Internship under the supervision of SMYAL Staff Members. By signing this agreement, I understand that I am releasing SMYAL, its officers, employees, and volunteers from any and all liabilities, demands, and/or claims for damages resulting from any accidents, injuries or other damage or loss experienced by my child either while participating in this program or in transit from SMYAL to workshop locations.

I am aware that all SMYAL activities and programs are alcohol, drug, sexual activity and violence free, and I agree that my child will abide by these and other SMYAL policies. I am also aware, that if my child violates any of the guidelines or policies of SMYAL while participating in this program, I will be notified and be responsible for removing my child from the program location.

I am aware of all aspects of my child's physical condition, and have given the appropriate information to SMYAL. In the event of an accident in which my child is injured, I give my consent for SMYAL to transport or arrange transportation to a hospital or other medical facility where s/he will be treated for injuries.

Youth under the age of 18 need an adult's permission:

Parent/Guardian's Name (please print)

Parent/Guardian's Signature

Phone number

Date

Youth's Name (please print)

Youth's Signature

Date