

Congress of the United States
House of Representatives
Washington, DC 20515

United States Congressman Sam Johnson's
2015 - 2016 Congressional Youth Advisory Council (CYAC) Application

- *Only complete and on-time applications will be considered.*
- *To be eligible, applicants must be enrolled in 9th, 10th, 11th, or 12th grade and **reside** in the Third Congressional District of Texas. If you are unsure whether you live in the Third District, please visit www.house.gov and use the "Find Your Representative" application in the upper right corner to verify the district of your home address.*
- *Due to an extremely high level of interest, students may serve only two of the four years while in 9th - 12th grade.*
- *The 2015-2016 CYAC program consists of four separate meetings, two in each academic semester. If accepted into the program, you must be able to attend meetings. The fall meetings will take place on Saturday, October 17th and Saturday, November 14th. Spring meeting dates will be announced at the end of this calendar year.*

**Note: All meeting dates are subject to possible changes in the Congressional calendar.*

****Please print in pen or type all of the requested information. Attach additional sheets if necessary.****

Name: _____ Grade Level: _____

Home Address: _____ City: _____

zip: _____ Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____ Date of Birth: _____ *If over 18, are you a registered voter? Y / N*

Have you applied to serve on CYAC in the past? Y / N *If yes, when did you apply?* _____

Have you served on CYAC in the past? Y / N *If yes, when?* _____

Has a family member served on CYAC in the past? Y / N *If yes, when?* _____

School: _____ ISD: _____

Cumulative GPA: _____ *(on a _____ scale)*

List all clubs and activities, including any leadership positions:

If selected, what topics would you like to discuss at 2014-2015 CYAC meetings?

Do you have any relatives who are in public service, serve on public boards / commissions or are/were in the military? *(If yes, please list.)*

Additional Requirements

Please attach the following required documents to your application:

- ✓ A personal statement essay limited to **250-words**. Briefly tell us about yourself, discussing your interests, goals for the future, what you hope to achieve if chosen for CYAC, etc. Please limit to one page.
- ✓ A current photo of yourself *(for identification purposes only)*.
- ✓ **Two** recommendation letters from individuals who can account for your character and interest in public service. Letters should be sealed by the author and signed across the seal. These forms should not be written by immediate family members.

I certify that the information on this application and any additional material submitted is true and complete to the best of my knowledge. I have reviewed the fall meeting dates and am able to attend both meetings at this time.

Applicant's Signature: _____ Date: _____

I do hereby give my consent for my child to participate in the Congressional Youth Advisory Council and understand the time commitment involved for this program.

Parent/Guardian's Signature: _____ Date: _____

Your **complete** application must be received by staff in Congressman Johnson's Plano, TX office no later than **Wednesday, September 16, 2015**.

If you have questions about the application or general inquiries regarding CYAC, please contact the district office at (469) 304-0382.

Submit your application to:

U.S. Congressman Sam Johnson
ATTN: Congressional Youth Advisory Council
1255 W. 15th Street, Suite 170
Plano, Texas 75075



Liability Release Form

To: Congressman Sam Johnson's Office

Event or Activity: Congressional Youth Advisory Council & related activities

Participant: _____

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Sign Here if Participant is an Adult

Signature of Participant: _____ Date: _____

Sign Here if Participant is a Child

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



Letter of Commitment

If you are selected as a participant for the 2015 - 2016 CYAC program the commitments required to graduate are (please initial by each one):

- ____ Attend ALL meetings and community service engagements
- ____ You are allowed ONE absence for the CYAC program
- ____ All homework must be turned in on time, late homework will not be accepted
- ____ The first meeting is Saturday, October 17, 2015
- ____ The second meeting is Saturday, November 14, 2015
- ____ The community service project and two spring meeting dates will be released in a timely fashion and are required
- ____ Our communication throughout the year is largely via email due to the size of the CYAC program. You are responsible for checking your email and participating in email activities as necessary for the CYAC program

Signature of Participant: _____ Date: _____