Young Adult Advisory Council Application

Trauma Informed Oregon, a state collaboration that is working to improve services for children, youth and adults, is seeking youth and young adults, from 16-25 years of age, to participate in a youth advisory council called Oregon Trauma Advocates Coalition (OTAC). The mission of this council is to assist in developing tools, social media and trainings to improve systems for youth at the local and state level. The group will prioritize and take action toward the things they feel are most important to change/improve. They will have direct access to local program administrators throughout the state and policy makers at the state level. It will be an opportunity to learn from the direct experience of participants as well as feedback from others around the state, and to create positive change based on that feedback. You will be offered trainings on trauma informed care, strategic disclosure and wellness. Members are asked for a one year commitment with the possibility of continuing for those who remain interested. Members commit to monthly meetings (in person, phone or video conferencing). There may also be subcommittee work and other follow-up depending on what the group decides to pursue. A stipend will be offered for all attended meetings. Travel assistance will be provided to support participation if needed.

How to Apply:

Applications are accepted at any time. Please fill out this form, front and back, and email to Lee Ann Phillips at lphil@pdx.edu, mail to Lee Ann Phillips, Regional Research Institute, 1600 SW 4th Av., Suite 900, fax to 503-725-2140 or text photo of application to Lee Ann Phillips at 503-250-0008. If you have any questions call Lee Ann at 503-725-9618 or 503-250-0008.

Date: _____

Legal Name: _____ Preferred Name _____

Age: _____

E-mail: _____

Home Phone number:_____

Cell Phone number: _____

Mailing address: _____

_____

In which systems/organizations have you been a part of: _____

Check all: ____ Addictions/Recovery For how long?_____

____ Mental Health/Wraparound/EASA For how long?_____

____ Juvenile Justice or Adult Corrections

____ Education (IEP/504 Plan)

_____ Other (Specify)_____

Are you currently/formerly a youth in foster care? ____ Yes _____ No

Have you experienced longterm medical care?_____Yes_____ No

Do you experience or have you experienced homelessness or housing instability? ____ Yes _____ No

What county do you live in _____

How do you identify? (optional) Ethnicity/Race_____ Gender_____

Preferred method to contact you: Call _____ Text _____ Email _____ Facebook _____

Please Answer the Following Questions:

1. What interests you about being part of OTAC (Oregon Trauma Advocates Coalition)?

2. What would you have changed about your experience in any of the systems you identified you were a part of (either before, during or after receiving services)?

3. In what ways were the services most helpful to you?

4. What skills or interests do you bring to OTAC?

5. What type of assistance will you need to participate?
   ____ Transportation
   ____ Travel assistance
   ____ Special dietary or accommodations needed (specify):_____

6. Would you be available to make a one year commitment? ____ Yes _____ No

7. Meetings are currently held on the 4th Friday of the month from 6:30-8:30pm in Salem. Are you able to attend on that date and time? ____ Yes____ No

8. Is there anything else you would like us to know?