

**YOUTH VOICES NETWORK
MEMBER APPLICATION**



Youth Voices Network unites survivors of teen dating abuse with the mission of personalizing their experiences by creating opportunities to connect with other survivors, speak about their experiences, and raise community-wide awareness of the issue – all while fostering personal growth and healing. YVN is committed to building a safe and non-judgmental space for a diverse community of survivors of teen dating abuse, including individuals of any race, ethnicity, country of origin, religion, or sexual orientation.

Thank you for your interest in becoming a Youth Voices Network member with Day One. The information on this form will help us to better know you. Along with this application, please submit an updated resume and your class schedule for the current or upcoming school period. We appreciate your cooperation in completing this application.

Please return this form to:
Youth Voices Network ▪ Day One ▪ PO Box 538, Church Street Station, New York, NY 10008 ▪ PHONE:
212.566.8120 ▪ FAX: 212.566.8121 ▪ jsung@dayoneny.org

Basic Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Work phone: _____

Pager/Cell/Other number: _____ Fax: _____

Email: _____ Date of birth: _____

Gender: F M Other

Education, Employment, and Volunteer Experience

High School: _____ College/Major: _____

(Expected) Date of graduation: _____

Are you presently employed? Yes No Occupation: _____

Community Service/Volunteer Experience: _____

YOUTH VOICES NETWORK ACTIVITIES

Day One Youth Voices Network is a collaboration of survivors of dating abuse/violence using their experiences to raise awareness about this issue within the community. **The list of possible activities below is to gauge in what type of activities participants would be interested. No one will be required to divulge any personal information to the public without consent.**

Privacy

You can choose to change your privacy preferences below at any time.

- I would like to be a **“Public”** member of the Youth Voices Network. I would like to speak publicly and engage in activities where I might be identified as a survivor of teen dating violence.
- I would like to be a **“Private”** member of the Youth Voices Network. I would like to help coordinate and strategize, but I would prefer to keep anonymity during public events.
- I am undecided whether I would like to be a **“Public”** or a **“Private”** member of the Youth Voices Network.

Activities

Please select any and all activities in which you might like to participate.

Public Speaking / Advocacy

You can share your story, either anonymously or not, to the media, with youth and peers, parents, teachers, or government officials.

Share Your Story in Writing

You can share your story in your own words.

Special Events Planning

You can help in planning events that raise awareness on the issue of teen dating violence.

Strategize

You can help strategize to reach out to local and state politicians and other influential people and groups to raise awareness on the issue. Educate legislators, and influence leaders who make decisions on domestic violence laws.

AVAILABILITY

Please list the days and times you will be available:

Mondays: _____

Fridays: _____

Tuesdays: _____

Weekends: _____

Wednesdays: _____

Thursdays: _____

BACKGROUND INFORMATION AND CONSENT

Please read carefully before signing. If you have questions about this consent form, please contact Day One.

How much time has passed since you have been involved in an abusive relationship? _____

Have you ever received counseling directly related to being involved in an abusive relationship?

Yes No

Have you ever been convicted of a violent crime, child pornography, child abduction, kidnapping, rape or sexual offense, or have you ever been ordered by a court to receive psychiatric or psychological treatment in connection with any of the above?

Yes No

Have you ever had a child protective case filed against you by the Administration for Children's Services that resulted in an indicated finding concerning a child in your care?

Yes No

Have you ever had an order of protection issued against you by any court in any state?

Yes No

If you answered yes to any of the above, please explain on a separate sheet.

I understand that: (1) If I give false information to Day One I will not be accepted or allowed to continue as a member of the Youth Voices Network and (2) I am willing to accept the responsibility of being a member of the Youth Voices Network and will support the organization to the best of my ability.

I agree that if I become involved in a legal matter related to any of the above while I am interning with Day One, I will notify a Day One staff member immediately.

Applicant's Signature

Date