



U.S. Embassy Georgetown

100 Young and Duke Streets, Kingston, Georgetown
Email: PDGeorge@state.gov Tel: 225-4900



Youth Action Network Membership Application

Name _____

Last (Family)

First

Middle

Current

Address _____

Home Phone _____ Mobile Phone _____

E-mail (Please print clearly)

Note: communication regarding activities will normally be done by email. Please list an email that you check on a regular basis.

Date of Birth (Month/dd/yyyy) _____

Age _____ (*YAN Members should be between the ages of 16 and 30)

City and Country of Birth _____

Occupation _____

Gender [] Male [] Female

School/Organization name _____

School/Organization address _____

Please list extracurricular activities you **currently** take part in (school clubs, sports teams, youth organizations, community service activities, leisure time activities). Use additional space as needed.

SHORT ESSAYS: Please respond to the following short essay questions in one paragraph

1. What is your understanding of the U.S. Embassy Youth Action Network and its' purpose?

2. What do you hope to gain from the Youth Action Network?

3. What can we expect you to contribute to the Youth Action Network?

4. Have you participated in any U.S. Government programs, with either the U.S. Embassy or its agencies? If yes, please state which program(s).

5. What themes or subject areas are you most interested in?

- a. At-Risk Youth + Mentorship
- b. Women's Empowerment
- c. Domestic Violence
- d. Environment/Energy
- e. Economic development and Entrepreneurship
- f. Democracy and Governance/Civic Education
- g. Citizen Safety and Security
- h. Science, Technology, Math, Engineering
- i. Civil Society Development/Advocacy
- j. Other? _____

6. How much time are you willing to devote to the Youth Action Network? (hours per week/month)

7. In what ways are you an effective leader? Using two examples, describe how you are a leader in your school, community, or home.

MEDIA CONSENT: Please sign the following statement to give permissions for photos and videos

I consent to the use and/or reproduction of all photographs and video taken of, or including me, by the Department of State, including any agency, client, publication or other organization or institution in whole or in part, in all forms and media, for distribution to the general public for the purposes of publicity and promotion. I further consent to the reproduction or use of the photographs/information with or without my name, and consent that the Department of State may seek copyright of the photographs/information in their name.

Signature of Participant

Date

Signature of Parent/Guardian if under 18

Date

Participant Agreement

I agree that all of the information in this application is true and I agree that if chosen to participate, I will be an active participant in **ALL** program activities of the Youth Action Network, including seminars, meetings, community service activities, and any other special events.

Applicant Signature

Date

(For 17 years and younger)

I permit my child to apply for and, if selected, to participate in the U.S. Embassy's Youth Action Network.

Parent/Guardian signature(s)

Date

Parent/Guardian signature(s)

Date

***Applications are d by April 5, 2019.**

Completed Applications should be submitted to:

Public Affairs Section
U.S. Embassy Georgetown
100 Young and Duke Streets
Kingston, Georgetown

OR

Via E-mail to: PDGeorge@state.gov