



## Office of Governor Mark Dayton & Lt. Governor Tina Smith

## Young Women's Initiative – Cabinet Application

You must be between the ages of 16-24 to apply. One letter of recommendation from a teacher, mentor, or professor is required. A resume is optional. <u>All materials are due by Tuesday, August 22, 2017.</u>

		A	ppncan	t Informati	on			
Full Na	me:							
	Last			First	M.I.			
Address	S:							
	Street Address				Apartme	nt/Unit #		
	G''			C	7ID C 1			
	City			State	ZIP Cod	e		
Phone:	( )			Email	:			
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		<del>-</del>		stical Infor				
	not legally required nts to complete this so					on. However, we are a	isking all	
		Gender:				Veteran:		
	Age:  □ Female		☐ Male ☐ Non-Confor		orming	□ Yes		
						□ No		
Race/E	Ethnicity (Check all	that apply):						
□ A	american Indian/Alasl	kan 🗆	Asian/Pa	acific Islander		Black/African Ame	erican	
□ н	Iispanic/Latinx		White/C	aucasian		Other:		
	u identify as part of unity?	the LGBTQ						
□ Yes								
□ No								

Education/Experience					
	•				
Education Level:	Have you ever served on a board, council, or committee?				
☐ High School/GED	□ Yes				
☐ College/University	□ No				
School Name:	Are you representing and/or associated with an organization?				
	□ Yes				
Grade/Year in School:	□ No				
	If yes, please provide the name of the organization:				
Community Si	pecific Working Group				
· · · · · · · · · · · · · · · · · · ·	dentify as belonging. You are not legally required to provide				
any of the data requested in this section. However	r, we are asking all applicants to complete this section to				
ensure adequate representation.					
☐ African American	☐ Disability				
☐ African Immigrant	☐ Greater Minnesota				
☐ American Indian and/or Native American	☐ Hispanic and/or Latinx				
☐ Asian/Pacific Islander	□ LGBTQ				

Please Answer All Questions Below:				
1.	Why do you want to serve as a member of the Young Women's Cabinet (YWC)?			
	What experiences do you have with working on community issue, including volunteer experiences? Please explain.			
3.	Please discuss your strengths that would contribute to the YWC?			
4.	What do you see as challenges and opportunities for young women growing up in Minnesota?			

## **Signed Authorization**

I understand that the YWI MN Young Women's Cabinet meetings are held two times per month and I have read and understand the time commitment required for the YWI MN Young Women's Cabinet. I also know and agree with the importance of teamwork and cooperation. I am able to make such a commitment to the YWI MN Young Women's Cabinet.

Signature:	Date:
❖ PARENT/GUARDIAN PERMISS	SION is required for youth under the Age of 18.
Name(s) of youth participant:	
Name(s) of parent/guardian:	
I hereby give my child permission to	to apply for selection to the Young Women's Cabinet.
Parent Signature:	Date:
All application materials, including suppor	n – Deadline is Tuesday, August 22, 2017 ting documents, must be submitted to the Office of Governor Mark and Lt. Governor Tina Smith via:
— Mail or in person: 75 Rev Dr. Martin	Luther King Jr. Blvd, Ste. 130, Saint Paul, MN 55155
- Email: <u>Appointments.Gov@state.mn.</u>	<u>us</u>
selected to be on the Cabinet for an optio	Mark Dayton & Lt. Governor Tina Smith will host those onal <u>leadership/professional development day on either ember 10<sup>th</sup>, 2017. Please provide your availability below.</u>
Which date(s) are you availab  ☐ Saturday, September 9 <sup>th</sup>	ble to participate in the Young Women Leaders Day?  ☐ Sunday, September 10 <sup>th</sup> ☐ Both dates

\* If you have any questions regarding the application, please contact Deena Zubulake, Director of Youth Development, YWCA St. Paul, at <a href="mailto:dzubulake@ywcaofstpaul.org">dzubulake@ywcaofstpaul.org</a>.