



## **GOVERNING BOARD APPLICATION INFORMATION**

### **JOIN THE NETWORK...**

By Joining, you will have the chance to develop your leadership skills, become part of a great Network, and make a difference in the lives of youth with disabilities!

What is the PYLN?

The PYLN is a group of young adults with disabilities who want to make a difference in the lives of youth in Pennsylvania. The mission of the PYLN is to develop the **self-determination, empowerment, and leadership** of youth that promotes successful post school outcomes in the areas of education, employment, independent living, and health and wellness among youth and young adults throughout Pennsylvania.

What does the PYLN do?

1. Provide a youth voice at the table on important boards and committees that impact the lives of youth with disabilities.
2. Develop and share transition, self-determination, self-advocacy, and empowerment resources geared toward youth with disabilities.
3. Ensure unbiased policies, practices and attitudes that affect individuals with disabilities.

**The PYLN Needs You - Step into a Leadership Role!**

# How do I apply?

If you'd like to apply please complete the attached application. Any information you provide will only be shared with the current PYLN Governing Board Membership Committee. Please follow the directions for submission of your application packet on the Application form. After the applications are reviewed, you will receive notification of whether you have been selected to participate in Phase 2 of the screening process, where you will be interviewed over the telephone by the Governing Board.

Please submit any questions to the Governing Board at [pyln.gb@gmail.com](mailto:pyln.gb@gmail.com).

Sincerely,

*Pennsylvania Youth Leadership Network*

Pennsylvania Youth Leadership Network  
Governing Board

Attachment (PYLN Application)



**Pennsylvania Youth Leadership Network**  
**Governing Board Application**

**Section I: Biographical Information**

**Name:** \_\_\_\_\_

**Gender:**  Female  Male    **Date of Birth:** \_\_\_\_\_

**Permanent Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone/TTY:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**County:** \_\_\_\_\_

Name: \_\_\_\_\_

6. Have you ever attended any youth leadership activities?

Yes  No

If yes, please describe: \_\_\_\_\_

7. Are you currently a student  Yes  No

High School

4 Year College  2 Year College

Trade, Technical or Business School

Other [please describe]: \_\_\_\_\_

Career Interest/Major: \_\_\_\_\_

8. Are you currently employed?  Yes  No

Job Title: \_\_\_\_\_

9. To be a Governing Board member, it will be important for you to have access to email.

Do you have regular access to e-mail?  Yes  No

10. Did anyone assist you with filling out this application for disability reasons?

Yes  No

If yes, please give the following information.

Name of support person: \_\_\_\_\_

Relation to the applicant [e.g., parent, friend, personal assistance]

\_\_\_\_\_

This person's phone number: \_\_\_\_\_

This person's email address: \_\_\_\_\_

**Name:** \_\_\_\_\_

2. List and briefly explain any activities you have been involved in and any honors or awards you have received. Feel free to include any future plans or activities (be specific in explaining how they relate to leadership and / or disability).

Name: \_\_\_\_\_

**Section III: Letters of Recommendation**

Please include 2 letters of recommendation from a nonfamily member with your application.

**Section IV: Signature**

This application was completed to the best of my ability. All information about me is truthful and factual to the best of my knowledge. I completed this application on my own and/or with the assistance of the support person identified above. By signing this application, I agree to passionately support the mission of the PYLN and participate in committee activities to achieve the goals.


\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date


\_\_\_\_\_  
Signature of Support Person if Used

\_\_\_\_\_  
Date

**SEND YOUR COMPLETED APPLICATION PACKET, ALONG WITH YOUR TWO LETTERS OF RECOMMENDATION TO:**

**By Mail** 

PA Youth Leadership Network  
500 Tripoli St.  
Apt. 103  
Pittsburgh, PA 15212

**By E-Mail** 

Address: [pyln.gb@gmail.com](mailto:pyln.gb@gmail.com)  
Send your application and letters of support in any of the following formats:

- Text
- Word
- PDF

In the subject line of your e-mail, type: "PYLN Application"