



CHILD & FAMILY  
DEVELOPMENT

## High School Advisory Board Application

Please fill out the following information (4 pages total) to apply for a position on the Joya Foundation High School Advisory Board.

- Please also send one letter of recommendation from an adult who you have worked with i.e., teacher, coach, employer, religious leader.
- Send application and letters of recommendation via mail, fax or email to:

Joya Foundation, Attn: Stacia Olsen  
2118 W. Garland Ave. Spokane, WA 99205  
Fax: 509-326-1658 or Email: [stacia.olsen@joya.org](mailto:stacia.olsen@joya.org)

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Receive Text Messages (please circle):    YES            NO

E-MAIL ADDRESS: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

Year You Will Graduate: \_\_\_\_\_

How did you hear about Joya Child & Family Development?

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**What qualities make you a good advocate for babies and toddlers with developmental disabilities or delays?**

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**List your skills, talents or activities that you have or participate in currently? (i.e., writing, organizing, music, sports, drama, leadership, public speaking, service)**

**Ideally, what would you like to get out of this experience that will help you in the future?**

**Please list two references, including at least one teacher, whom we can contact:**

	<u>Name</u>	<u>Phone Number</u>	<u>Relation (teacher, employer, advisor, etc.)</u>
1.			
2.			

**Please contact Stacia Olsen, fundraising specialist, at 509-326-1651 at Ext. 323 or [stacia.olsen@joya.org](mailto:stacia.olsen@joya.org) if you have any questions.**

**SIGNATURE:** \_\_\_\_\_

**Joya Foundation  
High School Advisory Board  
Contact Information and Board Member Agreement**

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

**Parent or Guardian's Name:** \_\_\_\_\_

**Parent or Guardian's Phone Number:** \_\_\_\_\_

I, \_\_\_\_\_, agree to serve as a member of the Joya Foundation High School Advisory Board. I agree to be present at board meetings and scheduled events, work with trustee board members and volunteers in a professional manner, and to advocate for children with disabilities and delays at Joya Child & Family Development. I understand that if I do not complete my part of this agreement, I may be asked to be excused from serving on the board.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

I hereby give permission for \_\_\_\_\_'s picture/video to be taken and used in connection with any publicity for Joya Child & Family Development and the Joya Foundation.

\_\_\_\_\_  
**Student's Signature (If over 18 years old)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian's Signature (If under 18 years old)**

\_\_\_\_\_  
**Date**

**Joya Foundation  
High School Advisory Board**

**Transportation Requirement Agreement and Emergency Contact Form**

As part of being a board member of the Joya High School Advisory Board, you are expected to provide your own transportation to and from all meetings, events and other Joya activities. Please arrive to meetings no earlier than 10-15 minutes before the meeting starts, unless directed otherwise. Meetings will last one hour, so please plan accordingly and have your ride pick you up, unless directed otherwise. Employees Joya Child & Family Development cannot provide rides or arrange transportation.

**Emergency Contact Information**

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

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

Please contact Stacia Olsen, fundraising specialist, at 509-326-1651 x323, if you have any questions.

I agree to be responsible to provide my own or find transportation to meetings, events and other Joya activities.

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**Student Signature**

**Date**