



Dear Applicant,

Congratulations on your decision to apply for the Souper Bowl of Caring Local Youth Advisory Board. The Local Youth Advisory Board is a team of young leaders committed to promoting youth service and leadership, and only a small group of high school students from across the country will be selected to participate in this 10-month program. Our Youth Advisory Board members help influence the direction of Souper Bowl of Caring as it seeks to transform Super Bowl weekend into the nation's largest youth-led weekend of giving and serving.

Before beginning the application, please read all information carefully and make sure that you understand the responsibilities, do not have any conflicts with program dates and are available to participate fully in the program. Also, be sure to talk with a parent/guardian and get their permission before applying.

Member Eligibility

- Current high school student
- Previous participation in Souper Bowl of Caring or service activities such as SBoC
- Strong interest in youth leadership and service
- Availability to attend meetings, local kick-off events and be available for media purposes and service opportunities during the campaign dates (mid-January to February 3)

Application Requirements

Before submitting your application, please be sure that all sections are completed and included:

- Part I – General Information
- Part II – Essays
- Part III – Two Letters of Recommendation
- Part IV – Signed Consent Form

Completed packets should be mailed to Souper Bowl of Caring, 6260 Westpark Drive, Suite 260, Houston, TX 77057 or emailed to soup@souperbowl.org. **Applications must be postmarked or emailed to us by October 12, 2018.** Applications will not be returned, so please make a copy to keep for yourself.

Selection Process

All applications received in full will be reviewed by the SBoC Youth Advisory Board Selection Committee. New members will be notified of their acceptance to the 2018-2019 Local Youth Advisory Board by Tuesday, October 16, 2018.

Cost

There is no cost to participate in the Local Youth Advisory Board, however, travel within the city is required. Meetings will be held in centralized locations (such as the Food Bank).

We look forward to receiving your application!

SOUPER BOWL OF CARING 2018-2019 LOCAL YOUTH ADVISORY BOARD

WHAT IS SOUPER BOWL OF CARING?

Souper Bowl of Caring is a national youth-led movement of schools, businesses, places of worship, community organizations and compassionate individuals joining together to fight hunger and poverty in their local communities, transforming the time around the Super Bowl into the nation's largest celebration of giving and serving. Since the program started in 1990, volunteers have collected more than \$135 million in cash and food items, with 100 percent of all donations going directly to local hunger and poverty relief charities chosen by each group. For more information, visit souperbowl.org.

WHAT IS THE LOCAL YOUTH ADVISORY BOARD?

The Souper Bowl of Caring Local Youth Advisory Board is comprised of outstanding youth from across the nation charged with leading their generation to help transform Super Bowl weekend into the nation's largest youth-led weekend of giving and serving. Members of the Local Youth Advisory Board are given opportunities throughout the year to have their voices heard and make a positive and dramatic impact in their communities and across the country.

Local Youth Advisory Board members provide the Souper Bowl of Caring with a body of knowledge and perspective to assist the organization in understanding and working with youth. The Local Youth Advisory Board also gives young Souper Bowl of Caring participants opportunities for decision-making, leadership, travel and training. Finally, the Local Youth Advisory Board serves as the face of the Souper Bowl of Caring's youth-led movement to the media, acting as a source for quotes, speeches and stories about the organization and their experiences with it. A new Local Youth Advisory Board is selected in September of this year, to serve a term lasting from October to August.

WHAT RESPONSIBILITIES DO MEMBERS HAVE?

Members of the Local Youth Advisory Board will have up to four meetings during their 2018-2019 term and will learn how to affect change in their communities, receive public speaking training, make action plans and more. They will also share feedback, receive media training and prepare to lead and promote Souper Bowl of Caring projects. Along with these meetings, Local Youth Advisory Board members are expected to maintain regular contact with the organization and each other via email, phone and website. Further tasks and responsibilities will be decided by the Local Youth Advisory Board itself, when the members meet in October to set goals for the year. However, some other possible responsibilities may include a Local Youth Advisory Board newsletter, a formal survey of their peers, the creation of online forums for the Souper Bowl of Caring using already existing popular social networks or a schedule of presentations and speeches at council meetings and fairs in their respective communities.

WHAT IS THE SOUPER BOWL OF CARING LOOKING FOR IN MEMBERS?

Applicants must be current high school students. They should have a clear understanding of the Souper Bowl of Caring vision and should be enthusiastic about the mission of the organization. Local Youth Advisory Board members do not need to have held leadership positions in the initiative but should have some experience participating in the Souper Bowl of Caring or other service projects in their own communities. They should be creative, responsible and able to express their ideas and opinions easily. In addition, since the Local Youth Advisory Board is a team, members should be cooperative and able to work well with others toward a common goal.

**SOUPER BOWL OF CARING
2018-2019 LOCAL YOUTH ADVISORY BOARD APPLICATION**

PART I – GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ DATE OF BIRTH: _____

PHONE: (home) _____ (cell) _____

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN EMAIL(S): _____

HIGH SCHOOL: _____ CITY: _____

GRADE LEVEL (for 2018-2019 school year): _____ GPA: _____

ORGANIZATION through which you've participated in the Souper Bowl of Caring or other service projects before:

HOW DID YOU LEARN ABOUT THE NATIONAL YOUTH ADVISORY BOARD?

- www.souperbowl.org Teacher/Principal Youth Minister/Pastor
 NYAB member Facebook Email from Souper Bowl of Caring
 Other, please describe:

ADDITIONAL INFORMATION: (Note: While the section below is required, the information will be removed from the application during the review and selection process. This information will only be used to help National Youth Advisory Board analyze its recruiting process.)

GENDER: Male Female

ETHNICITY: African-American Asian Caucasian
 Native American Hispanic Other

PART II – ESSAY QUESTIONS

Please answer **all three** of the following questions. Answer honestly and creatively in at least one paragraph per question and attach your responses to this application.

- What is your most memorable experience from participating in the Souper Bowl of Caring or other service projects? What lessons have you learned through your involvement?
- Why do you want to serve on the Local Youth Advisory Board? What ideas do you have about how to get people in your community involved in Souper Bowl of Caring?
- Please describe a situation in which you feel you successfully balanced several activities at once (time management). How would you handle Local Youth Advisory Board responsibilities in addition to your school work and other activities?

Choose two of the questions below to answer honestly and creatively in at least one paragraph per question. Attach your responses to this application.

- What are the one to two most compelling issues that affect your local community, country or world? Why are these issues important to you?
- How have you made an impact on your community through your involvement in school, church or neighborhood activities? Give specific examples.
- What do you think is the biggest challenge youth face today?
- How does society currently define your generation? What historical legacy would you like for your generation to leave?

PART III – LETTER OF RECOMMENDATION

Please include at least one letters of recommendation with your application to the Local Youth Advisory Board. The letter can be from any sponsor for service opportunities where you have participated, who knows you well and can comment on your qualities as an individual and on your ability to work with others in a team. Letters of recommendation from family members will not be considered. Print page one and two of the application (description of Local Youth Advisory Board) and the recommendation form, distribute it to your reference and collect the forms in a sealed envelope or have them submit them directly to soup@souperbowl.org. If in paper form, please submit the completed recommendation forms with your application. Be sure to give your reference plenty of time to complete a thoughtful recommendation.

2018-2019 YOUTH ADVISORY BOARD RECOMMENDATION FORM

APPLICANT'S NAME: _____

The person named above is an applicant for the Souper Bowl of Caring Local Youth Advisory Board. Your recommendation will be an important factor in the application process and your candor is appreciated. Thank you for your time and consideration in preparing this recommendation. Please feel free to attach additional sheets if necessary. For more information, visit www.souperbowl.org.

Name of person providing reference: _____

Phone Number: _____

Email Address: _____

1. How long have you known the applicant and in what capacity do you know him/her?

2. What qualities/strengths would suggest that this applicant would be an asset to the SBoC Local Youth Advisory Board?

3. What areas do you see as the applicant's "challenges" or greatest potential for growth?

4. Is there anything else you'd like us to know about the applicant?

Please rate the applicant on the following characteristics:

	Weakness			Strength	
RESPONSIBILITY AND RELIABILITY	1	2	3	4	5
EMOTIONAL MATURITY	1	2	3	4	5
COMMUNICATION SKILLS	1	2	3	4	5
ORGANIZATIONAL SKILLS	1	2	3	4	5
ABILITY TO WORK WELL WITH OTHERS	1	2	3	4	5
COMMITMENT TO A PROJECT, CAUSE, ETC	1	2	3	4	5

Signature: _____ Date: _____

THANK YOU! PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO THE APPLICANT OR
EMAIL Soup@Souperbowl.org DIRECTLY.

Application must be postmarked by Friday, September 7, 2018

**2018-2019 YOUTH ADVISORY BOARD
RECOMMENDATION FORM**

APPLICANT'S NAME: _____

The person named above is an applicant for the Souper Bowl of Caring Local Youth Advisory Board. Your recommendation will be an important factor in the application process and your candor is appreciated. Thank you for your time and consideration in preparing this recommendation. Please feel free to attach additional sheets if necessary. For more information, visit www.souperbowl.org.

Name of person providing reference: _____

Phone Number: _____

Email Address: _____

- 5. How long have you known the applicant and in what capacity do you know him/her?

- 6. What qualities/strengths would suggest that this applicant would be an asset to the Local Youth Advisory Board?

- 7. What areas do you see as the applicant's "challenges" or greatest potential for growth?

- 8. Is there anything else you'd like us to know about the applicant?

Please rate the applicant on the following characteristics:

	Weakness			Strength	
RESPONSIBILITY AND RELIABILITY	1	2	3	4	5
EMOTIONAL MATURITY	1	2	3	4	5
COMMUNICATION SKILLS	1	2	3	4	5
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ABILITY TO WORK WELL WITH OTHERS	1	2	3	4	5
COMMITMENT TO A PROJECT, CAUSE, ETC	1	2	3	4	5

Signature: _____ Date: _____

THANK YOU! PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO THE APPLICANT OR
EMAIL Soup@Souperbowl.org DIRECTLY.

PART IV – CONSENT FORM

APPLICANT'S NAME: _____

- I understand that I am required to attend meetings. I am willing and able to attend the meetings during the tenure of my 2018-2019 term and will make myself available during the campaign.
- My name, photograph and other communication (quotes, speeches, etc) may be used by Souper Bowl of Caring in any printed or online communication.
- I will participate in conference calls with my Local Youth Advisory Board members and Souper Bowl of Caring staff. I am able to regularly check the Local Youth Advisory Board website and will participate in online meetings and communications with fellow members.
- I understand that as a Local Youth Advisory Board member, I will serve as an ambassador and representative of Souper Bowl of Caring for the duration of my term. I also understand that 2018-2019 Local Youth Advisory Board members may be assigned additional responsibilities that will be defined throughout the year.

Applicant Signature: _____ Date: _____

I give permission for _____ to apply for the Souper Bowl of Caring Local Youth Advisory Board.

- I have read this application and understand the responsibilities and expectations of Local Youth Advisory Board members.
- My child's name, photograph and likeness may be used by Souper Bowl of Caring in any communication.
- I give permission for my child to attend meetings and other opportunities provided by Souper Bowl of Caring. I understand that I will have to provide transportation to get to meetings centralized in either the Dallas/Fort Worth, Houston or the Columbia area.

Parent/Guardian Signature: _____ Date: _____

SEND COMPLETED APPLICATIONS IN ONE PACKET TO:

For Houston and Dallas/Fort Worth:
Souper Bowl of Caring
6260 Westpark Drive, Suite 260
Houston, TX 77057

For Columbia:
Souper Bowl of Caring
P.O. Box 23224
Columbia, SC 29224

OR
Email it to: soup@souperbowl.org