



Dear Youth Council Applicant:

We would like to invite you to join the Epilepsy Foundation of Connecticut's Youth Council!
We are excited to potentially have you as a member!

The Epilepsy Foundation of Connecticut's Youth Council is:

- A great opportunity for YOU to make a difference in the lives of youth both with and without epilepsy through epilepsy awareness activities and fundraising
- A chance to learn more about epilepsy and what others are doing in your community and around the country to reach out to youth and adults about epilepsy
- A way to reach out in a leadership role to key political leaders about the importance of epilepsy and make positive changes for people with epilepsy through our government

We are looking for youth, ages 15-24, who possess good leadership and teamwork skills, are motivated to make a difference in their communities, and can communicate messages effectively. Members of the Youth Council will be dedicated to developing and providing input on raising awareness of epilepsy, fundraising for EFCT and events geared towards youth with epilepsy, their peers, and the community surrounding them.

To apply for membership on the Epilepsy Foundation Youth Council, you will need to:

1. Be at least 15 years old, and under the age of 24.
2. Complete the attached application. Please use additional paper if needed for some of the longer questions.
3. Sign the Statement of Commitment, and have your parent or guardian also sign it if you are currently under the age of 18.
4. Complete the Activity Assessment

If you have any questions, please email Allison at Allison@epilepsyct.com or call 800-899-3745.

Sincerely,
Allison Gamber
Program Coordinator

Katie Frank
Youth Council Chair

Epilepsy Foundation of Connecticut Youth Council Membership Application

I. About You

Name: _____ Date of Birth: _____

Gender: _____ M _____ F Email: _____

Address: _____

Home Phone Number: _____ Alternate/Cell Phone: _____

Emergency Contact:

Parent/Guardian Name(s): _____

Parent(s) address: _____

City

State

Zip

Home Phone Number: _____ Alternate/Cell Phone: _____

Parent/Guardian(s) Email: _____

Primary Language(s) Spoken at Home: _____

Ethnicity (*optional-for statistical purposes only*):

__African American__ Caucasian __American Indian __Latino __Asian__ Other

II. School History

List schools attended or attending (including high school, undergraduate, graduate, or any trade school or any other technical school), areas of study (as applicable), grade point average, and date (or anticipated date) of graduation:

	School Attended or Attending	Areas of Study	Grade Point Average	Graduation Date or Anticipated Date
High School				
College				
Other				

III. About Your Experiences

Please answer the following questions regarding the Epilepsy Foundation of Connecticut's Youth Council, using a separate sheet if necessary.

1. What is your experience with the Epilepsy Foundation (for example: working in your local community, participating in Epilepsy Foundation activities, etc)?

2. What talents or strengths would you bring to the Epilepsy Foundation Youth Council?

3. Describe your leadership skills and experiences in your community.

IV. Essay

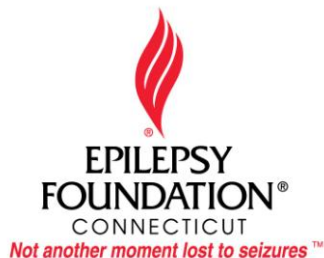
On a separate sheet of paper, please tell us in a brief 500-750 word essay why you want to join the Epilepsy Foundation of Connecticut's Youth Council. What do you want to accomplish as a member of the Council? How would you contribute most to the Foundation?

PLEASE MAIL THE COMPLETED APPLICATION TO:

EFCT Youth Council
386 Main St
Middletown, CT 06457
or email efct@sbcglobal.net



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Epilepsy Foundation Youth Council Statement of Commitment

Name of Applicant

If chosen as a Youth Council member, I understand it will be my role and responsibility to:

- Commit to one year of service
- Abide by the policies and standards established by the Epilepsy Foundation Board of Directors and the Epilepsy Foundation Youth Council.
- Participate in Youth Council conference calls and meetings
- Be a leader and positive role model at all Youth Council functions as well as in my school (if applicable), work, and community.
- Make an appointment with your state legislator
- Participate in at least 1 EFCT Fundraiser (i.e. Walk/ Gala)
- Come up with at least 1 EFCT activity of your own and lead group
- Respond within 2 days to emails, phone, or texts. (No matter what it is about)

As a Youth Council member, I will stay in contact with the Epilepsy Foundation of Connecticut and the Youth Council Chair.

I understand that if I miss more than two meetings/conference calls, I will be asked to step down from the Youth Council.

Signature

Date

Signature of parent/guardian if applicant is currently
under the age of 18

Date

Activity Assessment

This program is to provide with as much enjoyment as possible. Please fill out the information below so we can have a better understanding of you and your interests.

Name: _____

Please mark the box that best describes your answer											
Key: P = Past Interest C = Current Interest N = No Interest											
P	C	N	Activity	P	C	N	Activity	P	C	N	Activity
			Being Outdoors				Cooking/Baking (Specify)				Exercise
			Hobbies (Specify)				Handcrafts (Specify)				Gardening
			Movie Viewing (Specify)				Music Listening (Specify)				Social/ Parties
			Singing				Music Playing (Specify)				Reading (Specify)
			Sports (Specify)				Writing				Computer
			Cultural Activities				Card Playing				TV Viewing (Specify)

Other: _____



Emergency Information

What kind of seizures do you have?

How long do your seizures normally last?

When was your last your seizure?

How often do your seizures occur?

What triggers your seizures?

What can we do if you have a seizure? (i.e. Call 911? Call emergency contact?)
