

# Georgia Juvenile Justice State Advisory Group Youth Subcommittee



## **What is the Georgia Juvenile Justice State Advisory Group?**

The Georgia Juvenile Justice State Advisory Group (SAG) is a Governor-appointed body charged with carrying out the purposes of the Juvenile Justice and Delinquency Prevention Act (JJDP A) and implementing the JJDP A Core Protections at the state and local level.

## **What is the role of the SAG Youth Subcommittee?**

The Youth Subcommittee<sup>1</sup> consists of young adults ages 15 to 24 years. The role of the Youth Subcommittee is to serve as the voice for youth involved in the juvenile justice system.

## **What are the responsibilities of the SAG Youth Subcommittee?**

The Youth Subcommittee's role is to provide guidance and expertise, as a youth, to SAG during their quarterly meetings. With the guidance of the SAG, the Youth Subcommittee develops and executes projects that align with Georgia's Three-Year Plan. Examples of projects include, but are not limited to -

- Gathering input from system-involved youth and families and making recommendations to aid in the improvement of SAG-initiated and/or supported programs
- Strategizing opportunities to engage youth in the community
- Participating in Shadow Day (grasp a hands-on understanding of various staff members within the juvenile justice system)

## **Eligibility:**

The SAG is looking for passionate youth who are eager to make a change in juvenile justice. Youth who have indirect or direct experience with the juvenile justice system are encouraged to apply.

Applicants must:

- Be passionate
- 15 – 24 years of age at the time of application

If you have questions regarding the Youth Subcommittee member responsibilities, contact Joseph Lynn at [Joseph.Lynn@cjcc.ga.gov](mailto:Joseph.Lynn@cjcc.ga.gov).

## **Application Process:**

If you are interested in applying, review the following eligibility criteria and complete the application on the Criminal Justice Coordinating Council [website](#). Email your completed application to Joseph Lynn at [Joseph.Lynn@cjcc.ga.gov](mailto:Joseph.Lynn@cjcc.ga.gov).

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<sup>1</sup> Please note that SAG members are Governor-appointed. However, the SAG Youth Subcommittee members will participate and act only in an advisory capacity to the SAG.

# Georgia Juvenile Justice State Advisory Group Application for Youth Subcommittee Membership



## Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

**During which hours are you available for activities?**

- Weekday mornings (ex. 9:00 AM – 11:00 AM)  
 Weekday afternoons (ex. 1:00 PM – 3:00 PM)  
 Weekday evenings (ex. 3:00 PM – 5:00 PM)

## Education

Name of School	
Street Address	
City, State, ZIP Code	
Classification (ex. Senior)	
Major (College Students)	

## Special Skills or Qualifications

**Summarize any related special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies.**

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**List any honors or awards that you have received.**

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## Application Question

Please summarize why being a SAG Youth Subcommittee member is important to you.

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## References

Please list two references.

### Personal

Name	
Relationship	
Phone	
E-Mail Address	

### Professional

Name	
Relationship	
Phone	
E-Mail Address	

## Agreement and Signature

*By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a SAG Youth Subcommittee member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.*

Name ( <i>printed</i> )	
Signature	
Date	

Thank you for completing this application and for your interest in the SAG Youth Subcommittee.