

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 Subcommittee¹ 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 P'Aris Dokes at P'Aris.Dokes@cjcc.ga.gov or Stephanie Mikkelsen at SMikkelsen@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 P'Aris Dokes at P'Aris.Dokes@cjcc.ga.gov. **Applications are due no later than Friday, September 15, 2017.**

¹ 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.