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 (JJDPA) and implementing the JJDPA Core Protections at the state and local level.

What are the roles and responsibilities of the SAG Youth Subcommittee?

The Youth Subcommittee¹ consists of up to 12 youth, ages 15 to 24 years across the state of Georgia. The role of the Youth Subcommittee is to serve as the voice for youth involved in the juvenile justice system. 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 3-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 ideal candidate is passionate, committed, and invested in improving juvenile justice for those currently involved. Youth who have 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
- Available to attend meetings via conference call or in-person every month

If you have questions regarding the Youth Subcommittee member responsibilities, contact Keima Davis at Keima.Davis@cjcc.ga.gov.

Application Process:

If you are interested in applying, please review the following eligibility criteria, complete the following application, and email your completed application via PDF to Keima Davis at Keima.Davis@cjcc.ga.gov. Applications will be considered on a rolling basis.

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

SAG Youth Subcommittee Application

			Applicant In	forma	ation			
Full Name:							Date	e:
Address:	Last		First			M.I.		
ridaress.	Street Address							Apartment/Unit #
	City					State		ZIP Code
Phone:			Eı	mail:				
			Educa	ition				
High School	:		Address:_	YES	NO			
From:	To:_		Did you graduate?			Diploma:_		
College:			Address:_	1/50				
From:	To:_		Did you graduate?	YES	NO	Degree:_		
Other:			Address:_					
From:	To:_		Did you graduate?	YES	NO	Degree:_		
			Previous Employm	ent /	Internsl	hips		
Company:							Phone:	
Job Title:						Sup	ervisor:	
Responsibili	ties:							
From:		To:		Reas	on for Le	eaving:		
Company:							Phone:	
Job Title:						Sup	ervisor:	
Responsibili	ties:							
From:		To:		Reas	on for Le	eaving:		
Company:							Phone:	
Job Title:								
Responsibili								
From:		To:			on for Le			

Additional Questions	
Describe your interest, knowledge, or experience related to juvenile justice or system	n involvement:
Summarize why being a SAG Youth Subcommittee member is important to you:	
If you could impact one part of the juvenile justice system, what would it be:	
References	
Please list three professional references.	
Full Name:	Email:
Relationship:	Phone:
Full Name:	Email:
Relationship:	Phone:
Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge.	
Signature:	Date:
·	<u>-</u>

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