



CONGRESSMAN TOM MALINOWSKI  
NEW JERSEY'S 7<sup>TH</sup> CONGRESSIONAL DISTRICT  
2020-2021 YOUTH ADVISORY COUNCIL  
PREVIOUS MEMBER APPLICATION

Thank you for your continued interest in Congressman Tom Malinowski's Youth Advisory Council. **This is a specific application for students who were accepted onto the 2019-2020 Youth Advisory Council.** The Congressman believes that educating high school students on local, state, and federal civic processes and legislative matters is the best way to shape the future leaders of New Jersey. Members of the council will not only learn about the legislative process but, they will also have the opportunity to advise their Congressman on the important issues and policies that have a direct impact on their lives. If selected to be a part of the council, members will be expected to attend meetings, discuss important issues they face and present potential legislative solutions for these problems to the Congressman. Members may also be asked to perform various other duties over the course of their appointed term.

In order to be considered for the council, please complete each part of the following application and return your packet by mail to Congressman Tom Malinowski's Somerville office or email it as a **PDF only** to [NJ07YAC@mail.house.gov](mailto:NJ07YAC@mail.house.gov) by **5 PM on Wednesday, November 25<sup>th</sup>, 2020.** The Congressman's office is currently operating remotely so please do not drop off your application in person. Please be sure that all portions of the application are legible and complete with all requested documents and information. **We reserve the right to refuse any late or incomplete applications.** We will only be accepting applications from current high school students that reside in New Jersey's 7<sup>th</sup> Congressional District. Please contact [NJ07YAC@mail.house.gov](mailto:NJ07YAC@mail.house.gov) with any questions.

**REQUIRED:**

1. Completed Application and Responses
2. Completed Media Release Form

Email: [NJ07YAC@mail.house.gov](mailto:NJ07YAC@mail.house.gov)  
Mail: Congressman Tom Malinowski  
ATTN: Eric Hamilton  
75-77 N Bridge St  
Somerville, NJ 08876

# APPLICATION FORM

## **Applicant's Information**

**Name:**

**Street Address:**

**City:**

**Zip Code:**

**High School:**

**Grade:**

**Phone Number:**

**Email Address:**

## **Parent/Guardian's Information**

**Name:**

**Phone Number:**

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*I, the undersigned, hereby confirm that all of the information provided on this application is true and accurate. I understand that my application will be reviewed by Congressman Malinowski and his staff. If selected, I will uphold the values of the Youth Advisory Council and serve as a faithful member.*

**Applicant's Signature:**

**Date:**

**Parent/Guardian's Signature:**

**Date:**

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**Please attach individual responses to each of the following questions on an additional sheet.**

1. Please list, in no more than one sentence each, your top five policy interests.
2. Please list your seven favorite standing committees in the House.
3. Please list your seven favorite standing committees in the Senate.
4. Which committees did you serve on in previous YAC sessions?

## 2020-2021 MEDIA RELEASE FORM

**Name:**

**Street Address:**

**City:**

**State**

**Email Address:**

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I understand that as a member of Congressman Tom Malinowski's Youth Advisory Council I may be photographed or filmed during any meeting or event. Therefore, I hereby grant permission to share my name, photo, video recording and/or other electronic or printed communications of me, if selected. I understand that such photographs, recordings, etc. may be displayed on Congressman Malinowski's official website, social media pages and other publications referencing the Youth Advisory Council.

I waive any right to inspect or approve photos, videos or electronic recordings related to my participation in the Youth Advisory Council.

I, the undersigned, expressly release use of my name and/or likeness in the aforementioned manner(s) to Congressman Malinowski, members of his staff and members of the press, should the occasion arise.

**Applicant's Signature:**

**Date:**

**Parent/Guardian's Signature:**

**Date:**