



CONGRESSMAN TOM MALINOWSKI
NEW JERSEY'S 7TH CONGRESSIONAL DISTRICT
YOUTH ADVISORY COUNCIL APPLICATION

Thank you for your interest in Congressman Tom Malinowski's 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 email, mail or drop off to Congressman Tom Malinowski's Somerville office by **5 PM on Friday, October 11th, 2019**. Please be sure that all portions of the application are comprehensible 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 7th Congressional District. Please contact NJ07YAC@mail.house.gov with any questions. **The first meeting of the Youth Advisory Council will take place on the morning of October 19th.** If you have already participated in the Youth Advisory Council and would like to participate again, please fill out and submit the Previous Member Application which can be found on our website at www.malinowski.house.gov.

REQUIRED:

1. Completed Application and Responses
2. Completed Media Release Form
3. Two Letters of Recommendation
Recommendation letter should be from someone who can vouch for your interest in politics as well as include their contact information.
4. Resume (optional)

Email: 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:

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:

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

1. List all of the clubs and activities you participate in.
2. Why do you want to be a member of Congressman Malinowski's Youth Advisory Council?
3. Please list, in no more than one sentence each, your top five policy interests.
4. Please list your seven favorite standing committees in the House.
5. Please list your seven favorite standing committees in the Senate.

2019-2020 MEDIA RELEASE FORM

Name:

Street Address:

City:

State

Email Address:

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: