



Navajo Nation Youth Advisory Council (NNYAC) 2024-2026 Application

INSTRUCTIONS

Thank you for your interest in applying for a position on the Navajo Nation Youth Advisory Council (NNYAC). To be eligible to apply, you must be a current registered Navajo Nation member, be between the ages of 14-24, and served as a community volunteer for at least two (2) years (pursuant to CAP-26-17). The position is a two (2) calendar year term, from October 1, 2024, to October 1, 2026, and NNYAC council members are expected to fulfill the following responsibilities:

- Members are required to put in a minimal of 5 hours or more, Council-related work each month.
- Communication is essential. The bulk of our communication is through email and telephone. Responding to emails within 24 hours is expected. Each member selected must have a reliable mobile phone number and an active email account.
- If a member is 18 years old or older, they must register with a Navajo Chapter. If a student is 17 years old and younger, they must provide a copy of their parent's Chapter registration card.
- NNYAC will host monthly meetings, which occurs during the evening hours, and as needed on weekends. All meetings are required for NNYAC members.
- Members must actively participate in NNYAC activities, including but not limited to, designing and implementing your own project ideas.

The application package must be submitted electronically as soon as possible. Application is downloadable at www.nnyac.navajo-nsn.gov. You may be scan and email the completed Navajo Nation Youth Advisory Council application packet to nnyac@navajo-nsn.gov or fax to: (928) 871-6385.





To be considered for member, youth must submit a complete NNYAC application, and include documents consisting of the following:

- NNYAC Application
- Resume (Please include the following):
 - o Education
 - o Work Experience
 - o Community Service
- Major accomplishments of community service
 - o Please limit to one page, save as a PDF, and attach it to email with your application
- Letter of Recommendation Form
 - o One community leader and/or School Administrator or Teacher recommendation form.
 - o <u>Please use attach Letter of Recommendation form only.</u> Do not send additional recommendation letters.

POSITION DESCRIPTION

A. Navajo Nation Youth Advisory Council Structure

NNYAC consists of 12 members as follows:

- Ten (10) volunteers ages 14 to 24, representing Navajo Nation agencies. Two (2) At-large positions representing those Navajo youth living off the Navajo Nation. There shall be a selection of a male/female individuals. The 12 Members will elect a Chair, Vice Chair, Secretary and Treasurer.
- Three (3) adult volunteer mentors shall assist the NNYAC. They shall be selected respectively by the Three (3) Branch Chiefs.

B. Responsibilities of NNYAC

 The purpose is to increase engagement with our existing youth volunteers, as well as, increase youth involvement with the organization as a whole. Advocate and support youth across the Navajo Nation.



Continuation Responsibilities of NNYAC

- Consult, advise, and advocate on behalf of youth in accordance with the Navajo Nation policy, protocol and structures.
- Work with our three (3) branch mentors selected and other tribal departments, as necessary, to help prioritize youth involvement issues and needs.
- Represent and advocate on behalf of Navajo Nation youths' interested and make decisions and provide recommendations on youth related issues or concerns.
- Direct and participate in NNYAC projects, trainings, and activities.
- Read and become familiar with materials that sent out prior to meetings and calls.
- Serve as role models for youth of the Navajo Nation and responsibly demonstrate commitment to youth involvement for future members.
- Be able to travel on behalf of NNYAC and provide presentations as necessary.
- Have positive professional behavior and attitude. Appropriate conduct is important and expected.
- Adhere to directions, assignments, etc. by the three (3) Branch Chiefs, advisors, and the Office of Miss Navajo Nation's Program Supervisor.
- Be a positive role model and be actively involved within your community.
- Be a champion and an advocate voice for youth across the Navajo Nation.

Please complete packet by as soon as possible.

Submit by email to **nnyac@navajo-nsn.gov** or fax to **(928) 871-6385**. You may also hand deliver your completed application packet to the Office of Miss Navajo Nation inside the Navajo Nation Museum, Window Rock, Arizona.





| APPLICATION INFORMATION | | | | | | |
|--------------------------------------|-------------------------------|-----------|--|-----------|-----------|--|
| full Name: Dat | | Date of B | Date of Birth: | | Age: | |
| Navajo Census Number: | vajo Census Number: Chapter A | | ffiliation: (if under 18, please submit parent card) | | | |
| Permanent Mailing Address: | | | | | | |
| City: | | State: | | | Zip Code: | |
| Primary Mobile Phone Number: Primary | | Primary E | Email Address: | | | |
| PRIM | ARY PAR | ENT/GUA | ARDIAN INFO | ORMATIO: | N | |
| Parent Name: | | | | | | |
| Mobile Phone Number: | Home Phone Number: | | • | Work Phon | e Number: | |
| Email Address: | <u> </u> | | | , | | |
| Parent Name: | | | | | | |
| Mobile Phone Number: | Home Phone Number: | | Work Phone | | e Number: | |
| Email Address: | / / | | | / | | |
| EN | MERGENC | CY CONT. | ACT INFORM | IATION | | |
| Contact Name #1: | | | Relationship: | | | |
| Mobile Phone Number: | | | Email Address: | | | |
| Contact Name #2: | | | Relationship: | | | |
| Mobile Phone Number: | | | Email Address: | | | |
| SCHOOL IN | FORMAT | ION (FO | R HIGH SCH | OOL STUI | DENTS) | |
| School Name: | | | | | | |
| School Address: | | | | | | |
| City: | | State: | | | Zip Code: | |
| Current Grade Level: | | | | | | |



| LEADERSHIP and COMMUNITY SERVICE | | | | | |
|--|-------------------------------------|--|--|--|--|
| List up to three (3) leadership or community service excommunity or school (Title of Project and Dates of Pr | | | | | |
| 1. Title of Project: | Date of Project: | | | | |
| 2. Title of Project: | Date of Project: | | | | |
| 3. Title of Project: | Date of Project: | | | | |
| SHORT ESSAY QUESTION: How will | your leadership help improve NNYAC? | | | | |
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LETTER OF RECOMMENDATION FORM

One (1) Letter of Recommendation Form from your Community Leader or School Administrator/Teacher

By signing your name below, I am indicating that all of the information in my application is complete, factually correct, and honestly presented. Furthermore, I authorize the Navajo Nation to verify any information contained in this application. Its is understood that any misrepresentations or omissions, regardless of the date of discovery, will result in resignation from the Navajo Nation Youth Advisory Council.

| Applicant's Signature: | Date: | | | |
|-----------------------------------|-------|--|--|--|
| | | | | |
| | | | | |
| Parent's Signature (If under 18): | Date: | | | |