



**Youth Camp Advisory Committee
Application for Membership**

If you would like to apply to be a member of the Youth Camp Advisory Committee, please fill out this application. The committee advises the Texas Department of State Health Services and the Texas Health and Human Services Commission executive commissioner regarding the content of the rules adopted to implement the Youth Camp Act; and perform any other functions requested by the executive commissioner in the implementation and administration of the Act.

HHSC will use the information you put on this required application, your resumé if submitted, and relevant statutes and rules, to determine if you're eligible to serve on this committee. Resumés are not accepted instead of an application.

If a question does not apply to you, enter "N/A."

Applicants must attach two signed and dated letters of recommendation.

HHSC will use the information on your application and letters of recommendation to decide if you're eligible to serve on this Committee.

Important note: Committee members aren't paid to attend or travel to and from Committee meetings.

HHSC will not consider an application received after March 31, 2025.

SECTION 1 - Personal Information

Name:

Home Address:

City:

State: TX ZIP:

Phone:

Fax:

Email:

Employment Information

Business/Organization:

Address:

City: State: TX ZIP: Phone:
Fax: Email:
Current Position Title:

Please check where you would like to receive further communications:

Work Email Home Email Work Address Home Address

Application

New/Initial Application Renewal Application

SECTION 2 (ALL applicants must complete this section.)

State law requires that the Youth Camp Advisory Committee include at least one person to represent each of the following categories. Please check the category you would like to apply for.

- General public member.
- Experienced camping professional.

SECTION 3

Describe your education.

List your relevant experience, both paid employment and volunteer.

List your relevant personal and professional achievements, including current professional licenses, registrations or certifications, and any activities that address contributions you could make to the committee.

Have you served, or are you currently serving, on other advisory committees, councils or work groups? If so, please list the name of the group and your role.

Explain why you are interested in serving on the committee.

SECTION 4 Miscellaneous Information

Do you have a personal or private interest in a matter pending before HHSC or DSHS? ("Personal or private interest" means you have a direct monetary interest in the matter or owe your loyalty to an entity involved but does not include the member's engagement in a profession, trade or occupation when the member's interest is the same as all others similarly engaged in the profession, trade or occupation.)

No **Yes**

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?

No **Yes**

If yes, please explain:

Have you ever been disciplined by any licensing board or professional or civic organization, including the HHSC Inspector General?

No **Yes**

If yes, please explain:

SECTION 5 References

Please provide the names and contact information for two people who can tell us more about your qualifications to serve on the Committee. References can include employers, clients, religious leaders, community leaders, advocates, friends or others who know about your interest in and/or involvement with Youth Camping.

Reference #1

Name:

Address:

City: State: ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

Reference #2

Name:

Address:

City: State: ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

SECTION 6 Member Participation & Affirmation

Every member appointed to the committee must attend regularly and must participate in subcommittee activities.

- Regular Committee meetings are held at least annually but could be about once every three to four months. The presiding officer may also call a special Committee meeting. Members must travel to Austin for these meetings. Each meeting may last several hours.
- Sometimes, members may participate in other activities in their home communities. These activities might include town hall meetings or presentations.
- Please note: A committee member isn't paid to attend or travel to and from Committee meetings.

Do you believe you will be able to regularly participate in Committee activities, if you are appointed?

No **Yes**

If no, please explain:

All the information contained in this application is true and correct. I understand that the Committee will meet in Austin at least once a year, or more as business needs dictate. If selected, I will make every effort to attend all Committee meetings.

Signature (typed name is acceptable)

Date

Please return this form and any supporting documentation to:

HHS_Appointments@hhsc.state.tx.us

Attn: YCAC #0107

Mail: Texas Health and Human Services Commission

P.O. Box 13247, Mail Code 0223

Austin, TX 78711

Attn: ACCO #0107

Fax: (512) 206-3984

Attn: YCAC #0107

For more information about the Committee, contact the Youth Camp program at PHSCPS@dshs.texas.gov or visit the committee website at <https://www.dshs.state.tx.us/youthcamp/advisory-committee.aspx>.

For more information about applying to be on the committee, or for Americans with Disabilities Act accommodations, email the Advisory Committee Coordination Office at HHS_Appointments@hhs.texas.gov