

The Counselors Miami invites you to apply for a position on our Advisory Council. All applications due by **November 15th**. Please send completed applications to [thecounselors@thecounselorsmiami.com](mailto:thecounselors@thecounselorsmiami.com). If you would like to learn more about our practice please visit www.thecounselorsmiami.com.

**Purpose:**

The Counselors Miami (TCM) Advisory Council is a think-tank for twenty-somethings who want to contribute to the social-emotional well-being of future generations. This group will give voice to the experience of the new generation- current concerns, ways of life and social norms. The Advisory Council will inform TCM’s programing for our pre-teen/teenage and parent population such as social media, dating, sex, alcohol and drugs.

**Requirements:**

Ages 21-25

**Commitment:**

Advisors are appointed for a year and are required 1-2 hours a month in person or via skype/zoom/etc. Time/date to be determined.

**Additional Activities:**

Potential speaking engagements on an as needed basis (not a requirement).

**Compensation:**

This is a volunteer position. Please note that your participation can result in references for future employers/graduate programs and may be a compelling addition to your resume.

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| **Contact Information** | | |
| Name: |  | |
| Cell: |  | |
| Email: |  | |
| Address: |  | |
| **School** | | |
| Are you currently a student? | |  |
| Name of College/University: | |  |
| Degree earned: | |  |
| High School attended: | |  |
| Location (city/state): | |  |
| **Employment** | | |
| Are you currently employed? | |  |
| Name of Employer | |  |
| Role/Title: | |  |
| **Professional Organizations** | | |
| Are you a member of a professional organization?: |  | |
| Name of organization: |  | |
| What is the primary purpose of this organization? |  | |
| **Social Organizations** | | |
| Are you a member of a social organization: Yes/No |  | |
| Name of organization: |  | |
| What is the primary purpose of this organization? |  | |
| **Please take a moment to explain your interest in becoming a member of the TCM Advisory Council.** | | |
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| **Please take a moment to describe any specific experiences, interests or skills that would inform your contribution to the Advisory Council.** | | |
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