



Youth Advisory Council 2017/2018 Year Application



Are you ready to make a difference in your community? Participants will gain leadership, teambuilding, technology, budgeting, cooperating, and business skills. There will also be opportunities for event planning, mentorship and networking.

Eligibility

Youth Advisory Council (YAC) is open to all sophomores, juniors, and seniors who attend public or private schools located in California. Interested students should:

- Demonstrate leadership in school and/or community activities
- Express an interest in learning more about creating a change in their world
- Be open minded and willing to work with their peers
- Commit to 100% participation in all YAC leadership building activities

Program Expectations

- Attend all YAC meetings in person or via Skype
- Complete 20 hours of volunteer community service throughout the year
- Participate in the Teen Safe Driving Contest at your local school
- Communication and Collaboration

Program Calendar

July 6, 2017 to June 7, 2018- **YAC meets every 1st Thursday of the Month at 5:30pm (time & date may change later after YAC approval)**

Topics include: Diversity, politics, goal setting, media, serving society, teambuilding, research, action planning, public speaking, budgeting, activity/event planning and responsibility

- Oct., Outreach Public Officials
- Dec., How Do We Reach Our Parents
- Apr., Year End Celebration, YAC planned
- Jun., Wrap up – What's NEXT

Attendance Policy

The success of this program depends on each participant's commitment to participating in every monthly meeting, being punctual, completing community service, willing to lead and make a difference.

Selection Process

Safety Center will review all YAC applications

- YAC size will not exceed 30. Number of seniors accepted may be limited to 15.
- **Early acceptance applicants will be notified by June 30, 2017. Regular decision applicants will be notified by Sept 29, 2017.**
- All applications will remain confidential. YAC does not discriminate on the basis of sex, race, religion, national origin, or disabilities.

Photo and Video Release Form

I authorize and agree that the Safety Center's Youth Advisory Council; may take and use photographs or videos of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature on this application packet will be proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above.

DEADLINES FOR ACCEPTANCE:

EARLY—Friday, June 16 (Pre Planning Committee)

REGULAR—Friday, Sept. 15

Questions: Contact Christine Davidson, Outreach Coordinator at 916.438.3385 or christine@safetycenter.org



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Personal Information

Application Checklist

- Read the application packet thoroughly.
 - Complete all sections of the application.
 - Be sure you and your parent/guardian sign the application.
 - Give recommendation form #1 to your principal, advisor, guidance counselor, or teacher.*
 - Give recommendation form #2 to youth leader, coach, or adult in the community who knows you well.*
 - Submit completed application to Christine Davidson at Safety Center, 3909 Bradshaw Rd., Sacramento, California, 95827
- Must be postmarked by June 27 for Early Acceptance / September 16 for Regular Acceptance By fax : (916) 366-1230
Email: christine@safetycenter.org

2017-2018 Youth Advisory Council

Name: (First) _____ (Middle) _____ (Last) _____

Name you prefer to be called: _____

School: _____ Grade (in 2017-2018 School years)

_____ Mailing Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Sex: _____ Birthday: _____ Email: _____

Parent/Guardian Name: _____

Relationship: _____ Phone: _____

Parent/Guardian Name: _____

Relationship: _____ Phone: _____

How did you hear about Youth Advisory Council? _____

GENERAL INFORMATION. Give recommendation form #1 to your principal, advisor, guidance counselor, or teacher. Give recommendation form #2 to youth leader, coach, or adult in the community who knows you well. You are responsible for giving the correct recommendation form to your recommenders and ensuring that your recommendation forms are returned by the deadline.

Recommender #1 Name _____ Telephone # _____

Position/Title _____ School _____

Recommender #2 Name _____ Telephone # _____

Position/Title _____ School _____

RECOMMENDATIONS DEADLINES FOR ACCEPTANCE: EARLY—June 16, 2017 REGULAR—September 15, 2017

DEADLINES FOR ACCEPTANCE:

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PARTICIPANT AGREEMENT

I attest that all information provided is correct. I have read through and understand the Youth Advisory Council's program requirements and attendance policy, and if selected, will meet the program requirements and abide by the attendance policy. Please keep a copy of the 2017-2018 YAC application as a reference.

Applicant's Signature

Date

PARENTAL PERMISSION

Parent/Guardian: By applying for the Youth Advisory Council, your child is making a commitment to take part in an outstanding leadership development program. This form is to verify that you are aware of the attendance policy and program requirements. Session times and days will be voted on by YAC members to ensure the best possible attendance for everyone involved. Upon selection to participate in YAC, students are expected to attend all meetings either in person or via Skype. Attached is the information page with the program requirements, attendance policy, and program dates (as yet to be determined by YAC members). You are responsible for reading this information in full before signing this form. Please keep a copy of the 2017-2018 YAC application as a reference. ALL APPLICATIONS WILL BE CONFIDENTIAL. Applicants are notified in writing of the Selection Committee's decision.

I have read and understand the Youth Advisory Council's program requirements, including the attendance policy. My son/daughter/guardian has my support and permission to participate in the 2017-2018 Youth Advisory Council program.

Signature of Parent/Guardian

Date

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AWARDS AND RECOGNITION

List up to three (3) special awards, honors, or recognition you have received for academic, extra-curricular, sports, school or community related activities from 9th grade to the present.

ORGANIZATIONS AND ACTIVITIES

List in order of importance to you five (5) school, volunteer, religious, athletic, or other activities or organizations in which you've participated in during the last two (2) years to the present.

Organization/Activity	Grade in School	Leadership Responsibility/Involvement
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

WORK EXPERIENCE

List any part-time jobs, paid or volunteer, and briefly explain what they involved.

Do you currently have a part-time job? _____ How many hours per week do you work? _____

Will your job interfere with your participation in the Youth Advisory Council? _____

Do you have any extra-curricular activities that will interfere with your participation? If so, list them?

PERSONAL INFORMATION

1. Why should you be selected to participate in Youth Advisory Council?

2. What are the main qualities of a leader? How are you a leader?

3. What is a weakness you possess? What steps are you taking to make it a strength?

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COMMUNITY AWARENESS

Write or type a brief essay in response to the following question. Your answer must fit on this page. Please send this page through a printer, typewriter or copy and paste into a word document.

Question: What do you think are the three (3) most important issues facing young people today and what are your suggestions in dealing with these issues?

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Youth Advisory Council 2017/2018 Year Application



Youth Advisory Council Recommendation #1 (Principal, Advisor, Guidance counselor, or Teacher)

TO THE APPLICANT

Name: (Last) _____ (First) _____ (Middle) _____

School: _____ Phone: _____

Youth Advisory Council must receive this form by June 16, 2017 (Early Acceptance) or September 15, 2017 (Regular Acceptance). Please sign and date the waiver below. Your recommender may return this form to you in a sealed envelope, or may send it directly to the Youth Advisory Council at Safety Center, 3909 Bradshaw Rd., Sacramento, CA 95827, and ATTN: Christine Davidson. You are responsible for making sure it is submitted by the deadline. Waiver of Access: I, the undersigned, waive the right of personal access to the recommendation.

Applicant's Signature

Date

TO THE RECOMMENDER

The person named above is an applicant for the Youth Advisory Council. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. Please fill it out completely and answer as honestly as possible.

Please return this form by June 16, 2017(Early Acceptance) or September 15, 2017 (Regular Acceptance) to: Youth Advisory Council at Safety Center, ATTN: Christine Davidson 3909 Bradshaw Rd., Sacramento, CA 95827. You may also return this form to the applicant in a sealed envelope.

Name of Recommender: _____

Position/Title: _____

School: _____

Phone: _____ Email _____

DEADLINES FOR ACCEPTANCE:
EARLY—Friday, June 16 (Pre Planning Committee)
REGULAR—Friday, Sept. 15

Questions: Contact Christine Davidson, Outreach Coordinator at 916.438.3385 or christine@safetycenter.org



Youth Advisory Council 2017/2018 Year Application



Youth Advisory Council Recommendation #1 (Principal, Advisor, Guidance counselor, or Teacher)

Please do not refer to the applicant by name and answer questions as honestly as possible.

1. For how long and in what capacity have you known the applicant?

2. What do you consider the applicant's primary talents or strengths?

3. What do you consider the applicant's chief weakness?

4. Comment on the applicant's relationship/interaction with his or her peers.

5. How is the applicant's ability to communicate with others, his or her behavior in group settings (participant or observer)?

6. What is the applicant's unweighted GPA (ask student if you do not know)?

Please use the scale below to compare the applicant with other high school sophomores, juniors, and seniors you have known.

	Superior	Above Average	Average	Below Average	Unable to Judge
Character					
Responsibility					
Leadership					
Ability to work with others					
Open Mindedness					
Follow through					

Please provide any additional information on the applicant that would be helpful to the selection committee. **Only use the space provided. Extra sheets will not be accepted.**

Signature of Recommender

Date

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Youth Advisory Council 2017/2018 Year Application



Youth Advisory Council Recommendation #2 (Principal, Advisor, Guidance counselor, or Teacher)

TO THE APPLICANT

Name: (Last) _____ (First) _____ (Middle) _____

School: _____ Phone: _____

Youth Advisory Council must receive this form by June 16, 2017 (Early Acceptance) or September 15, 2017 (Regular Acceptance). Please sign and date the waiver below. Your recommender may return this form to you in a sealed envelope, or may send it directly to the Youth Advisory Council at Safety Center, 3909 Bradshaw Rd., Sacramento, CA 95827, and ATTN: Christine Davidson. You are responsible for making sure it is submitted by the deadline. Waiver of Access: I, the undersigned, waive the right of personal access to the recommendation.

Applicant's Signature

Date

TO THE RECOMMENDER

The person named above is an applicant for the Youth Advisory Council. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. Please fill it out completely and answer as honestly as possible.

Please return this form by June 16, 2017 (Early Acceptance) or September 15, 2017 (Regular Acceptance) to: Youth Advisory Council at Safety Center, ATTN: Christine Davidson 3909 Bradshaw Rd., Sacramento, CA 95827. You may also return this form to the applicant in a sealed envelope.

Name of Recommender: _____

Position/Title: _____

School: _____

Phone: _____ Email _____

DEADLINES FOR ACCEPTANCE:

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Youth Advisory Council Recommendation #2 (To Youth Leader, Coach, or Adult in the Community)

Please do not refer to the applicant by name and answer questions as honestly as possible.

1. For how long and in what capacity have you known the applicant?

2. What do you consider the applicant's primary talents or strengths?

3. What do you consider the applicant's chief weakness?

4. Comment on the applicant's relationship/interaction with his or her peers.

5. How is the applicant's ability to communicate with others, his or her behavior in group settings (participant or observer)?

6. What is the applicant's unweighted GPA (ask student if you do not know)?

Please use the scale below to compare the applicant with other high school sophomores, juniors, and seniors you have known.

	Superior	Above Average	Average	Below Average	Unable to Judge
Character					
Responsibility					
Leadership					
Ability to work with others					
Open Mindedness					
Follow through					

Please provide any additional information on the applicant that would be helpful to the selection committee. **Only use the space provided. Extra sheets will not be accepted.**

Signature of Recommender

Date

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Agreement to Follow Policies and Conduct Form

I/We agree to read and follow the facility policies and understand the curriculum of Safety Center's Youth Advisory Council. My signature is proof of my intention to execute a complete and unconditional agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or Guardian: _____ Date: _____

Participant's Name: _____

Photo and Video Release Form

I authorize and agree that Safety Center may take and use photographs or videos of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation. I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or Guardian: _____ Date: _____

Participant's Name: _____

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