



## Youth Advisory Council 2018-2019 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 high school students 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

October 4, 2018 to June 6, 2019- **YAC meets every 1st Thursday of the Month at 5:30pm to 7:00pm**

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.
- **Applicants will be notified by Sept 28, 2018.**
- 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:**—Friday, Sept. 21, 2018

**Questions: Contact Christine Davidson,**  
Teen Program Manager at 916.438.3385 or  
[christine@safetycenter.org](mailto: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.
- Submit completed application to Christine Davidson at Safety Center, 3909 Bradshaw Rd., Sacramento, California, 95827  
Must be postmarked by September 21, 2018 or by fax : (916) 366-1230 Email: [christine@safetycenter.org](mailto:christine@safetycenter.org)

### 2018-2019 Youth Advisory Council

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

School: \_\_\_\_\_ Grade (in 2018-2019 School years) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Youth Advisory Council? \_\_\_\_\_

## Youth Advisory Council Recommendation

The person named above is an applicant for the Youth Advisory Council.  
**Please sign that you recommend this student to achieve their goals and SOAR!**

Name of Recommender: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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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 2018-2019 YAC application as a reference.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

## 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: \_\_\_\_\_

## 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 2018-2019 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 2018-2019 Youth Advisory Council program.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

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Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

### **COMMUNITY AWARENESS**

**Write or type a brief paragraph 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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