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Foundation

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- Meetings

October 3, 2019 to June 4, 2020- Every 1st Thursday and 3rd Wednesday of the Month - 5:30pm to 7:00pm via Skype or in person -

Topics include: Diversity, advocacy, policy, 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 27, 2019.
- 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.





Personal Information

| Application Checklist | | | | | | | | |
|---|----------------------------------|-----------------|--|--|--|---------------------------------------|---------------------------|---|
| $\hfill\square$ Read the application packet thoroughly | ly. | | | | | | | |
| □ 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, 9582 | | | | | | | | |
| | | | | | | Must be postmarked by September 20, 2 | 2019 or by fax : (916) 82 | 22-3990 Email: christine@safetycenter.org |
| | | | | | | 2019-2020 Youth Advisory Council | | |
| • | (Middle) | (Last) | | | | | | |
| | | Shirt Size | | | | | | |
| | Grade (in 2019-2020 School year) | | | | | | | |
| Mailing Address: | | | | | | | | |
| City: | | Zip Code: | | | | | | |
| | | ell Phone: | | | | | | |
| Sex:Birthday: | Email: | | | | | | | |
| | | | | | | | | |
| | | _ Phone: | | | | | | |
| | | | | | | | | |
| | | Phone: | | | | | | |
| How did you hear about Youth Advisory | Council? | | | | | | | |
| | | | | | | | | |
| Youth Advisory Council Recom | mendation | | | | | | | |
| Touth Advisory Council Reconn | <u> </u> | | | | | | | |
| The person named above is an applicant | for the Youth Advisory | Council. | | | | | | |
| Please sign that you recommend this st | udent to achieve their | goals and SOAR! | | | | | | |
| Name of Recommender: | | | | | | | | |
| Position/Title: | | | | | | | | |
| School: | | | | | | | | |
| Phone: | Email | | | | | | | |
| Comment on the applicant's relationship | o/interaction with his o | r her peers. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

DEADLINES FOR ACCEPTANCE:—Friday, Sept. 20, 2019

Questions: Contact Christine Davidson, Teen Program Manager at 916.438.3385 or

christine@safetycenter.org





Teen Program Manager at 916.438.3385 or

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PARTICIPANT AGREEMENT

| I attest that all information provided is correct. I have read throprogram requirements and attendance policy, and if selected, v | will meet the program requirements and abide by the |
|--|---|
| attendance policy. Please keep a copy of the 2019-2020 YAC ap | plication as a reference. |
| Applicant's Signature | Date |
| Agreement to Follow Policies and Conduct | <u>Form</u> |
| I/We agree to read and follow the facility policies and understa Council. My signature is proof of my intention to execute a com conditions contained above. I am of lawful age and competent I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THI SIGNING. | nplete and unconditional agreement as to all terms and to sign this affirmation. |
| Signature of Parent or Guardian: | Date: |
| Participant's Name: | |
| PARENTAL PERMISSION | |
| Parent/Guardian: By applying for the Youth Advisory Council, youtstanding leadership development program. This form is to work program requirements. Session times and days will be voted or for everyone involved. Upon selection to participate in YAC, stuperson or via Skype. Attached is the information page with the dates (as yet to be determined by YAC members). You are respetthis form. Please keep a copy of the 2019-2020 YAC application CONFIDENTIAL. Applicants are notified in writing of the Selection | verify that you are aware of the attendance policy and in by YAC members to ensure the best possible attendance udents are expected to attend all meetings either in program requirements, attendance policy, and program onsible for reading this information in full before signing it as a reference. ALL APPLICATIONS WILL BE |
| I have read and understand the Youth Advisory Council's progr son/daughter/guardian has my support and permission to part | |
| Signature of Parent/Guardian | Date |
| DEADLINES FOR ACCEPTANCE: —Friday, Sept. 20, 2019 | Questions: Contact Christine Davidson, |





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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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Teen Program Manager at 916.438.3385 or
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