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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

### <u>Program Calendar</u>

October 5, 2017 to June 7, 2018- 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 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:**—Friday, Sept. 22, 2017

Questions: Contact Christine Davidson, Outreach Coordinator at 916.438.3385 or

christine@safetycenter.org





## **Personal Information**

| Application Checklist   |                          |                                   |  |  |                                  |                           |  |
|---|--------------------------|-----------------------------------|--|--|----------------------------------|---------------------------|--|
| $\hfill\square$ Read the application packet thoro   | oughly.                  |                                   |  |  |                                  |                           |  |
| <ul> <li>□ Complete all sections of the application.</li> <li>□ Be sure you and your parent/guardian sign the application.</li> <li>□ Submit completed application to Christine Davidson at Safety Center, 3909 Bradshaw Rd., Sacramento, California, 9582</li> </ul> |                          |                                   |  |  |                                  |                           |  |
|   |                          |                                   |  |  | Must be postmarked by September  | 22, 2017 or by fax : (916 | 6) 366-1230 Email: <u>christine@safetycenter.org</u> |
|   |                          |                                   |  |  | 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 Advi   | sory Council?            |                                   |  |  |                                  |                           |  |
|   |                          |                                   |  |  |                                  |                           |  |
| Youth Advisory Council Rec  | <u>ommendation</u>       |                                   |  |  |                                  |                           |  |
| The person named above is an appl   | icant for the Vouth Advi | con Council                       |  |  |                                  |                           |  |
| The person named above is an appl Please sign that you recommend the  |                          | •                                 |  |  |                                  |                           |  |
| Name of Recommender:  |                          |                                   |  |  |                                  |                           |  |
| Position/Title:   |                          |                                   |  |  |                                  |                           |  |
| School:   |                          |                                   |  |  |                                  |                           |  |
| Phone:  | Email                    |                                   |  |  |                                  |                           |  |
| Comment on the applicant's relatio  | nship/interaction with h | is or her peers.                  |  |  |                                  |                           |  |
|   |                          |                                   |  |  |                                  |                           |  |

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### **PARTICIPANT AGREEMENT**

| I attest that all information provided is correct. I have read throug<br>program requirements and attendance policy, and if selected, will<br>attendance policy. Please keep a copy of the 2017-2018 YAC appli   | I meet the program requirements and abide by the   |
|--|--|
| Applicant's Signature  | <br>Date   |
| Agreement to Follow Policies and Conduct F   | <u>orm</u>   |
| I/We agree to read and follow the facility policies and understand Council. My signature is proof of my intention to execute a compl conditions contained above. I am of lawful age and competent to I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS F   | ete and unconditional agreement as to all terms and sign this affirmation.   |
| Signature of Parent or Guardian:   | Date:  |
| Participant's Name:  |  |
| PARENTAL PERMISSION  Parent/Guardian: By applying for the Youth Advisory Council, you outstanding leadership development program. This form is to veri program requirements. Session times and days will be voted on befor everyone involved. Upon selection to participate in YAC, stude person or via Skype. Attached is the information page with the prodates (as yet to be determined by YAC members). You are responsible form. Please keep a copy of the 2017-2018 YAC application as CONFIDENTIAL. Applicants are notified in writing of the Selection.  I have read and understand the Youth Advisory Council's program son/daughter/guardian has my support and permission to participate. | ify that you are aware of the attendance policy and y YAC members to ensure the best possible attendance ents are expected to attend all meetings either in ogram requirements, attendance policy, and program sible for reading this information in full before signing a reference. ALL APPLICATIONS WILL BE Committee's decision. |
| Signature of Parent/Guardian   | <br>Date   |
| <b>DEADLINES FOR ACCEPTANCE:</b> —Friday, Sept. 22, 2017   | Questions: Contact Christine Davidson, Outreach  |

Coordinator at 916.438.3385 or <a href="mailto:christine@safetycenter.org">christine@safetycenter.org</a>





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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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