

August 22, 2018

Dear Student,

Beach Cities Health District (BCHD) is seeking qualified middle and high school students (grades 8-12) who are passionate about their peers' health and wellness to serve on the Youth Advisory Council. The Youth Advisory Council is a youth-led committee focusing on the health and needs of their Beach Cities peers. As a Youth Advisory Council member, students will promote students' health and wellbeing in the Beach Cities.

Youth Advisory Council members will:

- Act as ambassadors and leaders of health by connecting students with resources, events and information
- Offer advice and recommendations on health issues affecting Beach Cities youth including: alcohol and other drug use, smoking, vaping, marijuana, stress, anxiety, depression, suicide, and sexual identity to discuss prevalent trends and solutions
- Evaluate effectiveness of the youth programming provided by BCHD, like mindfulness events and the purpose workshops
- Develop programming for activation events at middle and high schools on topics including student mental health and substance use

Beach Cities Health District will start accepting applications August 22, 2018 for the 2018-2019 school year. All applications will be due by **Friday, September 7, 2018**. Those selected for the Youth Advisory Council will be notified by Thursday, September 13, 2018. Youth Advisory Council meetings will be held at Beach Cities Health District (1200 Del Amo St., Redondo Beach) on Tuesdays from 6:30 – 8:00 p.m.

Students who participate are expected to attend all meetings, complete volunteer orientation, follow the ground rules provided, and communicate any schedule conflicts in advance. Parents/Guardians are expected to ensure student is picked up from meetings by 8:00 p.m. and acknowledge the ground rules provided.

Student applicants must live in or attend a middle or high school in the following Beach Cities:

- Redondo Beach
- Hermosa Beach
- Manhattan Beach

Meetings will take place on the following dates:

Sept. 18, 2018
Oct. 16, 2018
Jan. 15, 2019
March 19, 2019

Selected students will serve a term of one year, attend four quarterly meetings, and be recognized by BCHD's publicly elected Board of Directors. Students have the potential to gain community service hours for their time on the Youth Advisory Council.

For questions about the Youth Advisory Council or the application process, please contact Shana Martinez, shana.martinez@bchd.org or (310) 374-3426 ext.161.

Warm regards,

Shana Martinez, MSW, ASW
Social-Emotional Health Coordinator, Youth Services



Youth Advisory Council Application

Applicant Information			
Name:			
School:	Grade:	Email:	
Current home address:			Contact Phone:
City:	State:	Zip Code:	
Parent/Guardian Information			
Name:			
Email:			
Daytime Phone:		Evening Phone:	
Personal Letter of Interest			
<p>In this section, please describe your interest in being a part of the Youth Advisory Council. Please include why this type of work is important, what you think could be done to address student mental health and substance use prevention, what you hope to get out of the experience, and how you would like to make an impact on the health and wellbeing of teens in the Beach Cities. Please limit your response to 250 words or less.</p>			



References				
Please attach contact information for one school administrator, teacher, or counselor and one additional reference who will provide a scholastic and/or character reference for you via telephone. Please do not include any written letters of reference. They should be willing to attest to your work ethic and accountability as a part of the Youth Advisory Council.				
	Name	Email	Phone	Please check below that each reference is aware they will be contacted
Administrator, Counselor, or Teacher				<input type="checkbox"/>
Additional Reference (friend or family member)				<input type="checkbox"/>
Student Signature				
I certify that I have completed this application, have read and understand the importance of the Youth Advisory Council, and verify the information provided on this form is true to the best of my ability.				
Signature of applicant:				Date:
Parent/Guardian Signature				
BCHD has permission for the child to appear in a photograph and/or film which supports the educational programs of BCHD. Photos and video may appear on websites, social media, flyers, newsletters, and other printed communication.				
Signature of parent/guardian:				Date:
Parent/Guardian Consent				
I understand that the purpose of the Youth Advisory Council is to discuss health and social issues facing youth in our community including but not limited to: alcohol and other drug use, smoking, vaping, marijuana, stress, anxiety, depression, suicide, and sexual identity. The purpose is to discuss prevalent trends and solutions not individual situations or occurrences.				
Signature of parent/guardian:				Date:
Parent/Guardian please check one of the following boxes to identify the way in which the student will be leaving BCHD premises at 8:00 pm at the close of meetings:				
<input type="checkbox"/> Student drives self <input type="checkbox"/> Student is picked up <input type="checkbox"/> Student walks home				
Completed Applications				
Please submit completed applications via email or dropped off at, 1200 Del Amo St. Redondo Beach, CA 90277, to Shana Martinez. For questions about the Youth Advisory Council or the application process, please contact Shana Martinez, shana.martinez@bchd.org or (310) 374-3426 ext.161.				



Complete the Volunteer Agreement Below

VOLUNTEER AGREEMENT

This will serve as an agreement between (Name)_____ and Beach Cities Health District regarding my volunteer commitment. In exchange for participating in BCHD’s volunteer program, I understand and agree to the following volunteer agreement:

Volunteer Status

I understand that my volunteer status with BCHD is “at will” and that the District or I may terminate my volunteer status with BCHD at any time for any reason.

Anti-Harassment Policy

I have received a copy of the BCHD Anti-Harassment policy. I understand that it contains important information on the District’s anti-harassment policy. I understand and acknowledge that I am expected to read, understand, and adhere to the policy and will familiarize myself with it. I also understand that I am governed by the contents of this policy and that the District may change, rescind, add, or modify terms of the policies, benefits, or practices described in it (other than the “at will” policies) from time to time in its sole and absolute discretion with or without prior notice. The District will advise employees and volunteers of material changes within a reasonable period of time. To read the BCHD anti-harassment policy, click [here](http://www.bchd.org/docs/ys/Anti-HarassmentPolicy.pdf) or visit www.bchd.org/docs/ys/Anti-HarassmentPolicy.pdf.

Confidentiality and Confidential Information

BCHD maintains confidential information of our clients, business operations, employees and overall dealings of the District. BCHD is legally and morally obligated to ensure the protection of such confidential information. Confidential information includes, but is not limited to, such things as client lists, client names, personnel files, financial and marketing data, compensation data, addresses, phone numbers, medical history data and trade secrets. As a volunteer, you may need to access this information. I agree not to share such information with individuals outside of the District and will disclose such information with other volunteers and employees only when there is a need for such persons to have access to confidential information.

Waiver of Liability

I understand that I must carry automobile liability insurance for any driving I do related to my volunteer assignment(s). My volunteer activities may also expose me to risks of injury, illness, and accidents such as any bodily injuries at the District’s site, inter-action with District personnel, volunteers, client, and vendors. These risks may include, but is not limited to, slips, falls, accidents, exposure to infections, assaults, torts of any kind, and any risks associated with volunteer activities. I hereby agree to fully accept any and all risk of injury, illness and death that may result from my participation in the volunteer program and hereby fully release BCHD from any and all liability or damages for claims I may have relating to my work as a volunteer.

Photo Release Authorization

In exchange for participating in this program, I grant to Beach Cities Health District the perpetual, irrevocable, worldwide, paid-up and royalty free right to reproduce, distribute, prepare derivative works from and otherwise use my image, voice, name and any other identifying feature or characteristics as well as my performance in any event for any purpose.

I have read and understand all terms of the policies, benefits, and practices described in the Beach Cities Health District Volunteer Agreement.

Signature: _____ Date: _____

For youth volunteers under the age of 18, parental consent is required.

Parent Signature: _____ Date: _____