

# Chelan-Douglas Health District Youth Advisory Board



## New Member Application

English and Spanish Application

Located under Community Resources

<https://www.cdhd.wa.gov/community-family-health>

# Chelan- Douglas Health District Youth Advisory Board

## Join the Chelan- Douglas Youth Advisory Board (CDHDYAB):

CDHD is looking for dedicated, enthusiastic youth and young adults to represent our two counties. CDHD will provide opportunities to develop leadership skills through training and hands-on experience.

## CDHDYAB Mission:

To strengthen the health of our community by partnering with youth who are dedicated to the health and safety of their community.

## What does CDHDYAB do?

Members will meet regularly to share thoughts, discuss and make recommendations about adolescent health topics, and review existing programs and policies aimed at youth. Members review and give feedback on health material like flyers, surveys, projects/programs and webpages.

## What are the CDHDYAB Goals?

- Identify challenges and barriers young people face accessing and using health care services and systems
- Identify health topics important to young people
- Share solutions and innovations needed to support youth to reach optimal health and wellbeing

## Who should apply?

- Students grades 9-12 able to commit to once-a-month meetings during the school year
- Members will attend monthly meetings on Wednesdays from 4:00 – 5:00pm
- Students who are excited to make a difference in their community.
- Have an interest in developing leadership skills
- Have a positive attitude and a passion for learning
- Volunteer hours available for this upon request

### Application checklist:

- ☐ Complete application
- ☐ Sign participant commitment pledge
- ☐ Obtain parental consent
- ☐ Obtain one complete reference form.
- ☐ Answer short answer questions
- ☐ Submit the application along with a completed reference form

### Reference Form Requirements:

- Completed by a (non-family member) professional (Examples: teacher, coach, mentor, boss)

### Send completed applications to:

[lisa.pilkinton@cdhd.wa.gov](mailto:lisa.pilkinton@cdhd.wa.gov) OR drop off at 200 Valley Mall Parkway, East Wenatchee

# Chelan- Douglas Health District Youth Advisory Board

## New Member Application

First and Last (Legal) Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

### Participant Commitment Pledge:

Members are expected to attend one meeting per month. As a CDHDYAB member, you will assist with planning or volunteering with health education in our community. If you are unable to maintain volunteer hours, your spot will become open to a new member.

Your signature below constitutes a pledge that you understand and will follow the requirements of the Chelan- Douglas Youth Advisory Board. You agree that you have read and agreed to the requirements above:

### Photography and Video Release

I hereby give permission to Chelan- Douglas Health District to use my name and photograph and video in all forms and media for advertising, promotion, educational purposes and any other lawful purposes.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

## Parental Consent:

**Your child is applying to become a member of the Chelan- Douglas Youth Advisory Board, a group of high school students committed to the health and safety of their community. This commitment will take dedication (once a month meeting from 4:00-5:00) from the applicant and support from you, as well.**

I, the undersigned, assume all risks and hazards incidental to participating in Chelan- Douglas Health District Communication Activities and hereby waive, release, absolve, indemnify, and agree to hold harmless the Chelan- Douglas Health District and its employees, supervisors, and participants for any claim arising out of any injury, damage, or personal loss incurred to my child in connection with the activities and events sponsored or co-sponsored by Chelan- Douglas Health District.

### Photography and Video Release

I hereby give permission to Chelan- Douglas Health District to use my child's name and photograph and video in all forms and media for advertising, promotion, educational purposes and any other lawful purposes.

Student Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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# Chelan-Douglas Health District Youth Advisory Board

## Reference Form

**Reference:** You are receiving this form because the applicant below is applying to join the Chelan- Douglas Youth Advisory Board (CDHDYAB). Your input can help them in their efforts to join. Please send this form back to the applicant and they will submit this recommendation along with other portions of their application.

**About the Chelan- Douglas Youth Advisory Board:** CDHDYAB is a group of dedicated high school students who want to make a difference in the health and safety of our community. This is a 3-month commitment that includes a monthly meeting and the opportunity to volunteer at community events. The CDHDYAB will provide opportunities to develop leadership skills, references and gain volunteer experience. If you have any questions, email us at [lisa.pilkinton@cdhd.wa.gov](mailto:lisa.pilkinton@cdhd.wa.gov)

Applicant Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Why do you think this applicant would be a valuable member of our Youth Advisory Board?

Please list any experience or situation that highlights the applicant's character, dependability, problem-solving skills or leadership abilities.

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_