

Youth Advisory Council (YAC)

Become a School, Community & Health Center Student Leader

Applications are due Monday, January 25th, 2010
to the Teen Health Center

What is YAC?

YAC students are leaders who will come together to communicate; make decisions, and problem solve with health center staff, schools, lawmakers, and community members. YAC students will act as the voice of their peers by advising and participating in school-based health center issues, activities, and policies in order to build and grow school health in Michigan.

Commitments will include:

- Maintain consistent attendance and provide input at meetings, trainings, and events. (Meetings will take place on a weekly basis)
- Participate in leading school health center awareness activities.
- Explain to lawmakers, teachers, parents, fellow students, and the community why school-based health centers are important to have in schools.
- Participate in SCHA-MI (our state alliance organization), trainings and events.
- Recruit for and lead in the SCHA-MI Youth Advocacy Day at the Capital in Lansing in the spring of 2011

What is the SCHA-MI?

The SCHA-MI (School Community Health Alliance of Michigan), is a collaboration of individuals and organizations that represent and support school-based and school-linked health care and through their actions, commitment and passion support the belief that all Michigan children and youth have a basic fundamental right to access and receive comprehensive primary health care and prevention services. The mission of the SCHA-MI is to advocate for and promote school-based and school-linked health and prevention services; to educate the community, educational, social, and political leadership about the health needs of children and youth; to engage broad-based community and legislative support, to provide a forum for professional and agency support, education, training, resource development and networking for members and to enhance and strengthen partnerships.

Dates to Remember!

January 25, 2010: Applications **due** to the Teen Health Center

(Returning members will automatically be included in **New Member** list).



Baldwin Teen Health Center
Youth Advisory Council

Frequently Asked Questions

Q: What will I get out of participating in YAC?

A: You will gain important skills in communications, leadership and responsibility. You will make new friends, new adult allies and be a part of an exciting movement to create positive change in student health, as well as making positive policy change at your school, locally in your community, at a state level and even nationally. The strategies you will learn as Teen Health Youth Advisors can be applied to other realms of your life. You will receive service-learning hours while also adding meaningful experience to your resume.

Q: Is it FREE?

A: Yes, YAC is free and transportation to events and trainings will be provided by Baldwin Community Schools and the Teen Health Center. Food at specific activities will also be provided.

Q: Where and when will the meetings take place?

A: The regular meetings of the YAC will take place at your school in Room (TBA). Overnight trips will be sponsored by the Teen Health Center and will be announced. Travel and food to these trainings, events, etc. will be provided. Other meetings are yet to be determined by SCHA-MI, but expect to be involved in a YAC meeting, event or training at least twice a month.

Q: How many meetings and events am I expected to attend?

A: As a YAC member, you will be expected to attend weekly meetings and expected to participate in Awareness campaigns in the fall/winter; Youth Advocacy Day in the spring and Leadership training in the fall. Extra events will be determined and will be voluntary.

Q: Who can apply?

A: Any high school student that attends Baldwin or White Cloud schools. Students must be responsible, committed, and show respect to their peers and the organization by attending regular meetings and arriving on time ready to participate.

Q: What do I have to do for the application?

A: You must fill out the Basic Questions and Short Answer page, ask an adult to fill out the Letter of Recommendation, and have your parent/legal guardian fill out the parental consent. (See Attached checklist).

Q: When is the application due?

A: MONDAY, JANUARY 25TH. Please submit applications to the Teen Health Center.



Baldwin Teen Health Center
Youth Advisory Council

Checklist and Dates to Remember

- Student Application
- Letter of Recommendation from an adult other than a parent. This can be a teacher, school health center staff person, coach, minister, etc. **They will need to return it to the school health center themselves. Make sure you give them the address or fax number of your school health center if they do not work at your school!**
- Signed Parent or Legal Guardian Consent Form

DATES TO REMEMBER:

- MONDAY, JANUARY 25TH** is the deadline for your application. Please return to the Teen Health Center.

Thank you for applying to be part of a supportive and passionate group of young

PEOPLE

who are committed to keeping students and schools healthier!



Baldwin Teen Health Center
Youth Advisory Council
Letter of Recommendation

Dear _____,
Name of Reference

_____ has expressed an interest in becoming a member of the Baldwin Teen Health Center's Youth Advisory Council (YAC). We would appreciate your input on the selection process. Please share your impression of this individual's qualities in the following areas:

Circle the number that most closely applies:

	Don't Know	None	Average	Good	Excellent
1. Responsibility	1	2	3	4	5
2. Ability to work with others	1	2	3	4	5
3. Enthusiasm	1	2	3	4	5
4. Organization	1	2	3	4	5
5. Self-Confidence	1	2	3	4	5
6. Commitment	1	2	3	4	5
7. Creativity	1	2	3	4	5
8. Leadership	1	2	3	4	5
9. Communication	1	2	3	4	5

Please comment on the individual's special skills and strengths (Feel free to write on the back of this paper):

In what capacity do you know the individual? How long have you know the individual?

Name of Reference: _____ Phone: _____

*Please return to the Baldwin Teen Health Center before Monday, January 25th.

Baldwin Teen Health Center – 1615 Michigan Avenue Baldwin, MI 49304. Ph: (231) 745-3116 Fax: (231) 745-3136.
Please contact Nina Torres by phone or email: ntorres@familyhealthcare.org for more information.



Baldwin Teen Health Center
Youth Advisory Council
Parent/Legal Guardian Consent Form

Baldwin Teen Health Center YAC, (Youth Advisory Council) will bring student leaders and school health center adult allies together to build and grow school health centers. Students who are selected for YAC will be expected to lead and participate in regular meetings and events focused on school health center awareness and advocacy. Your son's/daughter's participation in YAC is a privilege that will provide them with an excellent opportunity to develop their skills as leaders in their communities. **By signing the consent form, you are allowing your student to attend, participate in events and travel to meetings and trainings and, while also giving your permission for the student to be photographed or taped. Your signature is also needed for medical release. Please read the following carefully.**

Please Print Clearly:

Participant Name: _____ Age if under 18: _____ () M () F

Name of Parent/Legal Guardian: _____

Primary Phone: _____ Secondary Phone: _____

Explain any special needs: _____

Releases: I understand that the Baldwin Teen Health Centers Youth Advisory Council (YAC) will hold several meetings and events and that includes transportation to and from various locations in Michigan. I hereby waive any and all claims against Baldwin Family Health Care and Baldwin Teen Health arising out of any of these events. I assume full responsibility for the safety and health of the youth participant during this educational activity and leadership opportunity. I also give permission to the youth participant's school in order to provide release time and that the responsibility for obtaining any missed schoolwork or time is the sole responsibility of the youth participant.

Consent to photograph: I understand that the Teen Health Center will be filming/photographing participants during their activities with YAC. I authorize the Teen Health Center to have and use photographs, slides, videotapes, and all other images of the person named in this application as may be needed for its public relations programs including brochures, newspapers, television, etc. and as associated with this special YAC project. I understand that participation in YAC requires that the students participate in the minimum number of required events and conducts themselves in an appropriate and professional manner. Students will be responsible for any personal belongings and equipment that they bring with them to YAC activities; and the Baldwin Teen Health Center is not responsible for their loss, misuse, or abuse.

I understand that the use of alcohol, or other drugs will not be tolerated, and if use of any of these during YAC activities, the youth participant will be reported accordingly and will not be able to attend another YAC sanctioned event.

In event of medical emergency, I authorize Baldwin Teen Health and its affiliates to transport my child to the nearest medical facility or hospital and to seek medical care as necessary.

Participant Signature

Date

Parent/Legal Guardian Signature

Date



Baldwin Teen Health Center
Youth Advisory Council
Student Application

Basic Questions: (Please print the following information)

Name: _____ Nickname: _____

Grade: _____ School: _____

Email: _____ Age: _____ Phone#: _____

Homeroom Teacher: _____

Emergency Information:

Name of Emergency Contact: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Short Answer Questions: Feel free to respond on the back of this page or on a separate piece of paper.

1. List any community, work, or school project experience you have had.
2. What is the most important health issue at your school that you are aware of?
3. Do you use the school health center at your school? If not, have you heard about it? Tell us why you have not used the clinic. Briefly explain why you think students need school health centers in their school.
4. What special skills or abilities do you believe you can use as part of the YAC?
5. What do you hope to gain by being a part of the Youth Advisory Council?

Baldwin Teen Health Center Youth Advisory Council (YAC) is a special project of the W.K. Kellogg Foundation and SCHA-MI. The projects main focus is to promote advocacy for School-based and School-linked health centers, as well as promote a healthy school atmosphere. Please contact Nina Torres by phone or email at ntorres@familyhealthcare.org or (231) 745-3116 for more information.



Baldwin Teen Health Center
Youth Advisory Council

Adult Ally Contract

Over the years, youth engagement in the movement for School-based health centers in Michigan has increased to become an organizational priority. We are all aware of the benefits that invested youth provide at both a school health center and coalition level; and this year; we would like to take youth engagement a step further by continuing to build strong youth and adult partnerships. The Youth Advisory Council that began 5 years ago as a special project could not have been successful without the commitment from the YAC members' adult allies at the health center and the school.

Therefore, we are asking that each YAC student have an adult ally this year that will provide him or her with support and guidance through the upcoming school year. If you are willing to participate in this years mentor portion of the YAC, please complete this form and have your YAC student return it to the Teen Health Center.

YAC Adult Ally Responsibilities:

- Contact sponsored YAC member prior to each YAC meeting or event and discuss meeting time, coach them on timeliness and participation. Serve a resource for a task that the YAC member may have been assigned.
- Participate in youth-focused school, health center and community awareness campaigns and contest.
- Attend Youth Advocacy Day in the spring of 2011
- Help mentor the YAC member in communication, presentation, dress and meeting skills.

Commitment Agreement:

I understand the responsibilities outlined in the Teen Health Center Youth Advisory Council Adult Ally responsibilities and am committed to fulfilling those terms as I am a Youth Advisory Council Adult Ally.

Adult Sponsor Signature

Date

Adult Sponsor (Ally) Name (please print)

Email Address

Address: _____

Phone #