



Los Angeles County Department of Public Health
 Youth Advisory Council
 2020/2021 Year Application

Are you ready to make a difference in your community? If so, the Los Angeles County Department of Public Health (DPH) is seeking interested youth to join the 2020-2021 cohort of the Youth Advisory Council.

Participants will gain leadership skills and have the opportunity to:

- Voice opinions about issues affecting youth/your community.
- Meet with Department of Public Health leadership and public health staff.
- Participate in trainings, community projects and events.
- Act as consultants for DPH programs and staff.
- Get compensated for their time/participation.

<p style="text-align: center;"><u>Eligibility</u></p> <ul style="list-style-type: none"> • At least 16 years old & LA County resident. • Minimum 1-year commitment.* • Pass a criminal background check. • Have your own transportation to activities, meetings and events. 	<p style="text-align: center;"><u>Attendance Policy</u></p> <p>The success of this program depends on each participant’s commitment to participating in every monthly meeting, being punctual, participation in trainings/community events, and willing to lead and make a difference.</p>
<p style="text-align: center;"><u>Program Expectations</u></p> <ul style="list-style-type: none"> • Attend all Youth Advisory Council meetings in person or via Skype/Zoom. • Participate in trainings and community events.** • Be open minded and willing to work with their peers. • Communication and Collaboration. 	<p style="text-align: center;"><u>Selection Process</u></p> <p>The Department of Public Health will review all Youth Advisory Council applications.</p> <ul style="list-style-type: none"> • Applicants will be notified of acceptance by email. • All applications will remain confidential. YAC does not discriminate on the basis of sex, race, religion, national origin, or disabilities.

Application Checklist:

Read the application packet thoroughly.

Complete all sections of the application.

Be sure you and your parent/guardian sign the application if you are under 18 years old.

Submit completed application to YouthAdvisoryCouncil@ph.lacounty.gov by March 31st, 2020.

After review of the application you will be invited to participate in an oral interview. An interview will only be scheduled if a completed application is received by the application deadline. You will be notified about your interview date and time by e-mail. The expected start date is Summer 2020.

***A minimum commitment of 1 year is required for eligibility in the Youth Advisory Council. There may be an opportunity to continue in the Youth Advisory Council for a 2nd year.**

****Weekly hours may vary between 6-10 hours throughout a school semester/quarter. Hours may increase up to a maximum of 20 hours during the summer.**



Los Angeles County Department of Public Health
Youth Advisory Council
2020/2021 Year Application

Meeting Information

Members are expected to commit and attend at least 80% of the scheduled monthly Youth Advisory Council meetings and participate in additional service opportunities provided. Please note the meeting dates and times will be sent out via email. Each member is required to inform the Staff Liaison if he or she will not be attending a meeting. Notice of each meeting will be emailed to members at least one (1) week prior to the meeting, making it essential that members are checking and responding to all Youth Advisory Council emails regularly.

Personal Information

2020-2021 Youth Advisory Council

Name: (First) _____ (Middle) _____ (Last) _____

Name you prefer to be called: _____

School: _____ Current Grade Level _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Birthday: _____ Email: _____

Parent/Guardian Name: _____ Email: _____

Relationship: _____ Phone: _____

Parent/Guardian Name: _____ Email: _____

Relationship: _____ Phone: _____

How did you hear about Youth Advisory Council? _____

Please mark all that apply:

I have consistent access to my preferred number for phone calls

I have consistent access to my preferred number for text messaging

I have consistent access to my emails



Los Angeles County Department of Public Health
Youth Advisory Council
2020/2021 Year Application

Preferred Worksite Location

Please select your preferred location:

Antelope Valley Public Health

Center

335 E Avenue K6 Ste B
Lancaster, CA 93535

Whittier Public Health Center

7643 S. Painter Avenue
Whittier, CA 90602

Zev Yaroslavsky Family Support

Center

7555 Van Nuys Blvd.
Van Nuys, CA 91405

Curtis R. Tucker Public Health

Center

123 W. Manchester Blvd.
Inglewood, CA 90301

Monrovia Public Health Center

330 W. Maple Avenue
Monrovia, CA 91016

MLK Jr. Center for Public Health -

Community Healing and Trauma

Prevention Center
11833 Wilmington Ave.
Los Angeles, CA 90059

Central Public Health Center

241 N. Figueroa Street
Los Angeles, CA 90012

Map on Next Page



Los Angeles County Department of Public Health Youth Advisory Council 2020/2021 Year Application





Los Angeles County Department of Public Health
Youth Advisory Council
2020/2021 Year Application

Tell Us About Yourself

- 1) Why do you want to serve as a member of the LA County Department of Public Health Youth Advisory Council?

- 2) Do you have any activities or responsibilities that would interfere with your ability to complete DPH Youth Advisory Council requirements? YES NO

- 3) Please list any activities you are currently or will be involved in during the school year. Include employment, sports, community, school and/or religious activities.

- 4) What personal skills and characteristics do you possess that would make you a good representative?

- 5) What are the three most important issues to you, your family and friends in your community?

- 6) If you could change one thing about your community what would it be and why?

- 7) Are you willing to attend the meetings, events and activities of the Youth Advisory Council for one year and commit to making a difference in your community? YES NO



Los Angeles County Department of Public Health
Youth Advisory Council
2020/2021 Year Application

- 8) Will you be able to commit to attend Youth Council meetings each month?
 YES NO
- 9) Will you be able to commit to participate in weekly leadership and enrichment activities?
 YES NO
- 10) Are you willing and able to check your emails weekly in order to track Youth Advisory Council announcements? YES NO

Applicant Certification

I understand that participation in the LA County Department of Public Health Youth Advisory Council is voluntary; however, I may be disqualified or dismissed me from the council if I am unable to demonstrate regular commitment to Youth Advisory Council by attending meetings, participating in trainings, events, and/or checking email for Youth Advisory Council announcements. I have read through and understand the Youth Advisory Council’s program requirements and attendance policy, and if selected, will meet the program requirements and abide by the attendance policy.

Signature: _____

Date: _____

Liability Waiver and Photograph/Media Consent

I hereby release, waive, indemnify and hold harmless the County of Los Angeles, their agents, employees or volunteers from any and all liability for all injury, loss, damage and/or claim of damages to my person or property during my participation with the LA County Department of Public Health Youth Advisory Council, or its agents. I understand that my participation is at my own risk. I hereby agree to be photographed and/or videotaped during my participation in activities. I further authorize the use of such photos and/or videos for any promotional and/or documentary purposes without compensation.

Name (Please Print): _____

Signature: _____ Date: _____



Los Angeles County Department of Public Health
Youth Advisory Council
2020/2021 Year Application

Parental Consent for Candidates Under the Age of 18

Dear Parent/Guardian:

With your permission, your child wishes to participate in the Los Angeles County Department of Public Health Youth Advisory Council. This Youth Advisory Council will provide leadership training, education around public health issues (such as tobacco, sexual health and drug education), and exciting opportunities for your child to participate in community engagement. Each Youth Advisory Council meeting, training, and/or activity will be supervised by Los Angeles County Department of Public Health staff. This form is to verify that you are aware of the attendance policy and program requirements. You are responsible for reading this information in full before signing this form.

Please keep a copy of the application as a reference. ALL APPLICATIONS WILL BE CONFIDENTIAL.
I give permission for my child _____ to participate in the Los Angeles County Department of Public Health Youth Advisory Council and all related activities. Please initial and sign below:

I understand my son/daughter must complete and pass a criminal background check.

I am aware that my child, if selected, must attend at least 80% of the Youth Advisory Council meetings (either in person or via Skype), events or programs.

I understand failure to consistently participate in Youth Advisory Council meetings and/or events can result in dismissal from the Youth Advisory Council.

I understand that it is vital that my son/daughter, if selected, check and respond to Youth Advisory Council emails in order to be aware of all meetings and news.

I am aware it is the responsibility of my son/daughter to find transportation to and from their preferred worksite location.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____



Los Angeles County Department of Public Health
Youth Advisory Council
2020/2021 Year Application

Liability Waiver and Photograph/Media Consent for Candidates Under the Age of 18

I hereby declare that I am the legal parent/guardian of the above-named participant and give my consent for his/her participation in the LA County Department of Public Health Youth Advisory Council. In consideration of my child being permitted to participate, I hereby release, waive, indemnify and hold harmless the County of Los Angeles, their agents, employees or volunteers from any and all liability for all injury, loss, damage and/or claim of damages to the person or property of my child during his/her participation with the LA County Department of Public Health Youth Advisory Council, or its agents. I understand that my child is participating at his/her own risk. I hereby agree to allow my child to be photographed and/or videotaped during his/her participation in activities. I further authorize the use of such photos and/or videos for any promotional and/or documentary purposes without compensation.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____

If you have any questions regarding any of the activities of the Youth Advisory Council, please contact:

Lizbeth Becerra
Email: lbecerra@ph.lacounty.gov
Phone: (323) 314-1227

Kevin Donovan
Email: kdonovan@ph.lacounty.gov