

# Youth Committee



## Youth Committee Application 2020-2021 New Applicants

Are you interested in organizing and planning health-related events and creating health campaigns to share in your community? Join the Shiawassee County Health Department's Youth Committee so your voice can be heard!

The committee will focus on the following topics: substance use prevention, reproductive health, nutrition, and mental health.

This group will create, plan, and host events and initiatives related to teen health. It will meet once a month at the Shiawassee County Health Department or virtually for approximately one hour.

**Interested?** Please fill out the following **Youth Committee Application**. You must have the following forms turned in by **September 11, 2020** for your application to be reviewed.

- **Letter of Recommendation** filled out by an adult (teacher, coach, etc. not a parent or guardian)
  - Submitted by email or fax – see form for details
- **Parent/Guardian Permission Form** signed
  - Submitted by either email, mail, or in-person
- **Youth Committee New Applicant/Personal Insight Form** completed
  - Submitted by either email, mail, or in-person

If you are selected to join, you will be notified and invited to the meeting on **September 17, 2020 at 3:30PM**.

### Student Information:

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

Grade Level: Fr So Jr Sr

School: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

What is the best method to contact you?

\_\_\_\_ Phone Call    \_\_\_\_ Email    \_\_\_\_ Facebook    \_\_\_\_ Text    \_\_\_\_ Other \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student Personal Insight:**

As a member of the SCHED Youth Committee, your opinions and ideas about prevention are extremely important to us. Please take a few moments to answer the following questions:

1. What are three health topics that you are interested in educating others about?
2. Think about one of the three topics listed above that youth are facing regarding wellness, health, safety, rights and responsibilities.
  - Discuss the topic and describe why it is important to you.
  - How would you go about educating your community, advocating for and creating the change around this topic?
  - List a minimum of 3 goals and what actions you would take to reach them.



**Letter of Recommendation 2020-2021  
New Applicants**

**Student:** Please have an adult (teacher, coach, etc. **not parent or guardian**) fill out this form and have them send it to Grace Czubachowski, Youth Advisor at the Shiawassee County Health Department.

Dear Entrusted Adult:

\_\_\_\_\_ **(name of the student)** has expressed interest in joining the Shiawassee County Health Department’s Youth Committee which is comprised of high school students from Shiawassee County. The Youth Committee plans to host health-related events and activities in Shiawassee County.

We would appreciate your input in the selection process. Please share your impression of this individual’s qualities in the following areas.

Please circle the number that most closely applies:

	<b>Don't Know</b>	<b>Poor</b>	<b>Fair</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
1. Responsibility	N/A	1	2	3	4	5
2. Ability to work with others	N/A	1	2	3	4	5
3. Enthusiasm	N/A	1	2	3	4	5
4. Organization	N/A	1	2	3	4	5
5. Commitment	N/A	1	2	3	4	5
6. Creativity	N/A	1	2	3	4	5
7. Leadership	N/A	1	2	3	4	5
8. Communication	N/A	1	2	3	4	5
9. Interest in health	N/A	1	2	3	4	5

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

Please comment on the individual's special skills and strengths.

Name of Reference \_\_\_\_\_

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

**\*Please email Grace Czubachowski at [gczubachowski@shiwasseechd.net](mailto:gczubachowski@shiwasseechd.net) or fax letter of recommendation to 989-743-2362 by September 11, 2020.**



## Parent/Guardian Permission Form 2020-2021

The Shiawassee County Health Department (SCHD) has started a Youth Committee in hopes of creating a healthier community for today's youth. The group will work on the following topics: substance use prevention, reproductive health, nutrition, and mental health. This group will plan and host health-related events and activities in Shiawassee County to promote healthy behaviors among their peers. This group will meet once a month either in-person or through virtual meetings for approximately one hour. Sub-committees may meet more often depending on projects and events.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Photo Release

SCHD/Youth Committee may photograph members during Youth Committee meetings or other activities. These photographs may be used for social media and/or publication to promote the Youth Committee.

YES, it is okay to photograph my child during Youth Committee activities. I understand that these photos may be used for the creation of social media or other publications to promote the Youth Committee.

NO, I do not want my child photographed.

### Permission

I, \_\_\_\_\_ permit my child \_\_\_\_\_

**(Parent/Guardian Name)**

**(Student Name)**

to participate in the SCHD Youth Committee and attend committee meetings for the 2020-2021 school year. I understand that my child must transport themselves or find their own alternative transportation to the meetings and/or activities.

We are excited to have your child involved in promoting a healthier community for Shiawassee County!

Questions? Please contact **Grace Czubachowski** ([gczubachowski@shiasmseechd.net](mailto:gczubachowski@shiasmseechd.net)) or **Michele Griffin** ([mgriffin@shiasmseechd.net](mailto:mgriffin@shiasmseechd.net)), Youth Advisors for the Shiawassee County Health Department Youth Committee.