



Oregon Partnership> YouthLink Programs

YAC Summary & Expectations

Our Mission:

The purpose of Oregon Partnership's Youth Advisory Council is to bring youth voice and action to the challenges of ending substance abuse and suicide.

Role of the Youth Advisory Council:

Oregon Partnership (OP) created the Youth Advisory Council (YAC) to involve youth more directly in its prevention efforts. YAC members seek to be agents for social change giving guidance to OP so that they can better understand the youth perspective. YAC members participate as unpaid volunteers. In addition to advising OP on youth and parent related issues, members have the opportunity to participate in a variety of original projects.

YAC Membership Expectations:

- ★ The majority of the YAC should be in high school (ages 14-18), however we also accept college-aged students (ages 19-21).
- ★ The YAC is seeking equal representation from the East & West sides of Portland, so your geographic location may be taken into account when applying.
- ★ Until age 21, there is no limit to the number of years a council member may serve. You are expected to serve for at least one year and give adequate notice of at least 2 weeks before you intend to end your tenure on the YAC.
- ★ Members can move between voting, honorary, and non-voting membership over time but the hope is that the majority of the group has voting member status (which is dependent on commitment and attendance). Members are expected to be aware of their type of membership and why they are classified there at all times, and can consult the YAC coordinator if they have any questions or petitions.
- ★ YAC Membership types also rely on the number of hours given to the YAC, a commitment of 2-4 hours per month is expected, you will also be expected to attend at least 4 YAC events within the year to fulfill your membership
- ★ YAC members are required to communicate: you must RSVP for events and respond to all communications regarding the YAC and your membership status in a timely manner.
- ★ Attendance will be actively monitored and compared to RSVP records for membership status consideration. Your membership status will be actively communicated during periods when it is subject to change, by both the Executive YouthLink Committee (XC) and the YAC coordinator.

Applying:

If you are interested in applying for the Youth Advisory Council, please complete the following application and follow the instructions for submission. The application consists of basic information and an adult and peer reference. After your application has been received, you will be contacted to schedule an interview. You can contact Oregon Partnership's Youth Advisory Council Coordinator, Kovi Ashley for more information at:

Oregon Partnership
Kovi Ashley
5100 SW Macadam AVE Suite 400
Portland, Oregon 97239
Work: (503) 244-5211 or Cell: (503) 422-5751
yac@orpartnership.org or www.facebook.com/opyouthlink



YAC Application

Student Information:

Full Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Ok to text message announcements, reminders? Yes ____ No ____

E-Mail Address: _____

Facebook: _____

How often do you check your email/Facebook? _____

What is the best way to reach you? _____

Birth date: _____ Racial/ethnic background (optional): _____

Are you currently a student? _____ School: _____ ☐ Home-school

What is your HS graduation year? _____ (College year?) _____

If you are not currently in school, list your plans for the near future:

Are you fluent in any languages other than English? No__ Yes—which? _____

Check the areas/activities that you are currently involved in:

☐ Student Government

☐ Cultural Activities

☐ Peer education

☐ Sports

☐ Community Service

☐ Church activities

☐ Drama/Acting

☐ Debate/public speaking

☐ Employee—Where?

☐ Music

☐ Outdoor activities

Other (please list below):



YAC Application

Student Information Continued...

Can you perform the essential functions of this job with reasonable accommodation?

☐ Yes ☐ No (explanation, restrictions):

☐ I have transportation to and from YAC meetings/events

☐ I need help finding transportation to and from YAC meetings/events

☐ I heard about the YAC through:

- ☐ Peers
- ☐ School Counselors/Teachers
- ☐ Recruiters at an event or at my school
- ☐ Facebook
- ☐ Internet
- ☐ Outside Advertisements
- ☐ In-school programs (PACT/SMASH)
- ☐ I was asked to apply for the YAC, by whom? _____

Organization _____ Position _____

Parent/Guardian Contact Information (Required):

Parent Guardian Name(s): _____

Parent/Guardian Phone number(s): Home: _____
Work: _____ Cell: _____

Alternate Parent/Guardian Phone number(s): Home: _____

Work: _____ Cell: _____

Parent/Guardian Primary Email Address:

Parent/Guardian Alternate Email Address:

Is your Parent/Guardian on Facebook? Yes ☐ No ☐

If yes, who? _____



YAC Application

Emergency Contact Information:

☐ Same as above

OR other:

Name/Relationship: _____

Phone: _____ Alternate Phone: _____

Reference Information:

Note: YAC requires two references—one by a friend or peer and the other by an adult (not a family member) who knows the applicant well, such as a teacher, coach, employer, or community mentor.

Adult Reference Name/Relationship: _____

Phone or Email: _____

Peer Reference Name: _____

Phone or Email: _____

Application Checklist:

- ☐ Adult Reference Form Attached
- ☐ Peer Reference Form Attached
- ☐ Reference Forms are being submitted separately, how? _____
- ☐ YAC Expectations read and understood
- ☐ Student/Parent/Guardian Information filled out

You will be contacted by the YAC coordinator when your application is received to schedule an interview.

If selected as a member of the Youth Advisory Council, I will be able to, at a minimum, attend most monthly meetings, typically occurring on the third Tuesday of each month. Please indicate any months in the next year which you may miss, with reasons:

I understand that if I am selected as a member of the Youth Advisory Council, I will be an active participant for the membership status I currently have, and am asked to commit to at least a one-year term of service. I have read, understand, and agree to follow all of the expectations outlined in the YAC Summary section. All of the information I have included in this application is true and correct to the best of my knowledge.

Signature of Applicant

Thank you for your interest in the Youth Advisory Council!

Submit by mail, email or hand-delivery

Kovi Ashley, Youth Advisory Council Coordinator

5100 SW Macadam AVE Suite 400

Portland, Oregon 97239 KAshley@orpartnership.org



Youth Advisory Council Reference Form

Youth Advisory Council Reference Form (page 1)

YAC Applicant Name: _____ **Date:** _____

Reference Name: _____ **Phone Number:** _____

Relationship to Applicant: _____ **Signature:** _____

Oregon Partnership's Youth Advisory Council is a diverse group of teens from very different backgrounds who collaborate to guide Oregon Partnership, an organization devoted to ending substance abuse and suicide through prevention, advocacy, and support. The council meets monthly, with subcommittees focusing on a range of activities from ad creation to workshop design. The above individual is applying to serve as a member of this council, and we would appreciate your perspective regarding their ability to serve in this role.

***Please rate this individual on a 1-5 scale, 1 being the lowest rating, 5 being the highest, regarding their ability to demonstrate the following qualities:*

Responsibility: 1 2 3 4 5
Do you perceive this individual to be responsible enough to fulfill a 8-10 hour a month commitment at our organization for at least one year? Please consider consistency, follow-through, and punctuality.
Comments or examples: _____

Respect for Others: 1 2 3 4 5
How would you rate this individual's respect for others and how open, accepting, and non-judgmental do you perceive them to be, especially towards those who are of a different sexual or gender orientation or ethnic, religious, or socioeconomic background?
Comments or examples: _____

Communication/ Diplomacy: 1 2 3 4 5
How would you rate this person's ability to relate to people with differing opinions and express their own opinions in a respectful manner?
Comments or examples: _____

Creative Collaboration: 1 2 3 4 5
How would you rate this individual's ability to collaborate creatively within a group?
Comments or examples: _____



Youth Advisory Council Reference Form

Youth Advisory Council Reference Form (page 2)

1. Would you recommend this individual as a Youth Advisory Council member? **Yes/ No**

If yes, what are 3-5 strengths that you see this individual bringing to work on the council?

2. Has this individual previously shown an interest in substance abuse or suicide prevention? How?

3. What concerns, if any, might you have regarding this individual?

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Kovi Ashley, Youth Advisory Council Coordinator
Oregon Partnership
5100 SW Macadam AVE Suite 400
Portland, Oregon 97239

For more information regarding the Youth Advisory Council, please contact:

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Youth Advisory Council Coordinator
Oregon Partnership
kashley@orpartnership.org
(503) 244-5211 or (503) 422-5751

Visit us at <http://www.orpartnership.org/>

On behalf of the YAC, thank you!



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