



*Live Well. Health Matters.*

August 17, 2020

Dear Student,

Beach Cities Health District (BCHD) is seeking middle and high school students (grades 8 – 12) who are passionate about their peers' health and wellness to serve on the Youth Advisory Council. Applicants must live in or attend a middle or high school in the following Beach Cities: Redondo Beach, Hermosa Beach, or Manhattan Beach. The Youth Advisory Council is a youth-led council focusing on the health and needs of their Beach Cities peers. The Youth Advisory Council is part of the Beach Cities Partnership for Youth that works to achieve measurable outcomes to improve student mental health and well-being and reducing substance use, for more information refer to the website: <http://www.bchd.org/partnership>.

Youth Advisory Council members will:

- Act as ambassadors of health by connecting peers with resources, events and information.
- Raise awareness of and offer recommendations on health issues affecting Beach Cities youth including alcohol and other drug use, smoking, vaping, marijuana, stress, anxiety, depression, suicide, social justice, race, healthy equity and sexual identity to discuss prevalent trends and solutions.
- Develop programming for activation on topics including student mental health and substance use.
- Have opportunities to advocate for and implement solutions to address youth health issues through public speaking opportunities and supporting media content including videos, photoshoots, flyers and presentations.
- Serve a term of one year, attend 8 council meetings, complete volunteer orientation, follow ground rules, communicate schedule conflicts in advance, gain community service hours for time on the Youth Advisory Council during meetings and additional activities and be recognized by BCHD's publicly elected Board of Directors. Additional office hours and brainstorming sessions with staff may also be available.
- Students applying for leadership positions will go through a virtual interview process. Students selected for a leadership position will attend Leadership Orientation prior to the start of the Youth Advisory Council and attend 3 additional leadership meetings throughout the school year.

Applications will be accepted starting **August 9, 2021** for the 2021 – 2022 school year. All applications will be due **by 6 p.m. on September 5, 2021**. Those selected for the Youth Advisory Council will be notified via email **by 6 p.m. on October 1, 2021**. Please review the **Application Checklist** on the last page prior to submitting application. The first meeting is mandatory and a student's absence at the first meeting may impact their position on the Youth Advisory Council. Parents/Guardians must acknowledge the ground rules provided and encourage students to contact BCHD staff should an issue arise.

Youth Advisory Council meetings will be held via Zoom\* on Tuesdays from 4 – 5:30 p.m. Youth Advisory Council meetings are scheduled for the following dates: Oct. 19, 2021, Nov. 16, 2021, Dec. 14, 2021, Jan. 11, 2022, Feb. 8, 2022, Mar. 15, 2022, Apr. 19, 2022, May 17, 2022. *\*If schools return to in-person learning we may resume in-person meetings guided by all CDC protocol.*

Students selected for leadership roles within the Youth Advisory Council will attend Leadership Orientation on Monday, October 12 (details to follow acceptance) and the additional leadership meetings on Tuesday from 4 – 5 p.m. on the following dates: Dec. 7, Feb. 1, April 12.

For questions about the Youth Advisory Council or the application process, please contact Emory Chen or Cindy Carcamo, [emory.chen@bchd.org](mailto:emory.chen@bchd.org), [cindy.carcamo@bchd.org](mailto:cindy.carcamo@bchd.org).

Warm regards,

Emory Chen, *Youth Services Manager*

Cindy Carcamo, *Youth Services Associate*



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**Youth Advisory Council Application**  
*Applications must be submitted online via smartsheet link*

Applicant Information				
Name (First, Last):		Email <i>(cannot be a school email)</i> :		
School:		Grade in 21-22:		
Current age:		DOB:		
Home address:				
City:	Zip Code:	Contact Phone:		
Dinner is provided at all in-person meetings, please list any food allergies. If student utilizes an epi-pen please identify if they can self-administer it (if none please list N/A):				
Parent/Guardian Information (can list multiple adults)				
Name (First, Last):		Email:		
Daytime Phone:		Evening Phone (if different):		
References				
Please include contact information for one school administrator, teacher, or counselor and one additional reference who will provide a scholastic and/or character reference for you. <b>Please do not include any written letters of reference.</b> References should be willing to attest to your work ethic and accountability as a part of the Youth Advisory Council. Please check the box below indicating that each reference is aware they may be contacted via email or telephone.				
	Name (First, Last)	Email	Phone	Reference is aware they may be contacted
Administrator, Counselor, or Teacher				<input type="checkbox"/>
Additional Reference				<input type="checkbox"/>



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**Letter of Interest**

In this section, please describe your interest in being a part of the Youth Advisory Council. Please address the following topics in your response (1) importance of youth advocacy (2) what you hope to get out of this experience, and (3) how you would like to make an impact on the health and wellbeing of teens in the Beach Cities. Your response must be between 250 – 500 words, addresses the three questions and is typed. ***Please do not add any additional documents, resumes, or letters of recommendation. If included, they will not be reviewed with the application.***

A large, empty rectangular box with a black border, intended for the applicant to write their letter of interest.



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**Optional: Additional leadership roles within the Youth Advisory Council**

Please review the list of additional leadership roles available within the Youth Advisory Council and check any additional roles you are interested in being considered for if you meet the criteria. Please note, an interview is required for any leadership role and applicants will be contacted to schedule an interview once application is reviewed. Students selected will attend the Leadership Orientation and the 3 additional leadership meetings.

<p><b>Senior Co – Chair Leads for Redondo Union High School, Mira Costa High School, Patricia Dreizler High School</b> (<i>this opportunity is available to 3 students who meet the following criteria</i>): 12<sup>th</sup> grader, previous involvement in the Youth Advisory Council and additional activities outside of meetings, preferred previous involvement in the Summer Engagement Workgroup, desire and ability to help coordinate agendas, provide guidance to peers during meetings, available to peers outside of meetings for support with tasks and support goal attainment, provide support to students in leadership roles, willingness to do additional research to support projects and be leads for specific speaking engagements.</p>	<p>Check if interested in position</p> <input type="checkbox"/>
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<p><b>Community Engagement Lead (Public Speaking Representative):</b> helps coordinate members of the Youth Advisory Council to present at local city council meetings, Beach Cities Health District staff and Board member meetings, Beach Cities Partnership for Youth Coalition meetings, local school board meetings and community events. This role requires additional time commitment to write talking points, meet with staff lead to review talking points, and attend additional events or meetings. Please note, many speaking opportunities have minimal advance notice.</p>	<p>Check if interested in position</p> <input type="checkbox"/>
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<p><b>Communications/ Social Media Lead:</b> assists the BCHD Communications team with content, design input and sharing of Youth Advisory Council Campaign materials. Students in this role <b>are not</b> required to post to social media from personal accounts but will work on contributing online content and social media posts (Instagram, Facebook, Blog, YouTube, etc.) focused on youth health and wellness. As a student liaison between the Communications department and the Youth Advisory Council, this role requires additional time and meeting commitments.</p>	<p>Check if interested in position</p> <input type="checkbox"/>
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<p><b>School Representatives (1 per Beach Cities middle &amp; high school)</b> assists with organizing students outside of meetings, assisting with programming and implementation for events at middle and high schools led by the Youth Advisory Council. Connecting with currently established campus clubs including ASB to connect students to Youth Advisory Council efforts, events and campaign materials. Student representatives would also be responsible for reporting back to the Youth Advisory Council at meetings to share campus information or school-related updates with the larger Youth Advisory Council.</p>	<p>Check if interested in position</p> <input type="checkbox"/>
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**Application Verification: Student Signature**

I certify that I have completed this application, have read and understand the importance of the Youth Advisory Council, and verify the information provided on this form is true to the best of my ability.

<p>Signature of applicant:</p>	<p>Date:</p>
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**Potential topics discussed: Parent/Guardian Consent**

I understand that the purpose of the Youth Advisory Council is to discuss health and social issues facing youth in our community including but not limited to alcohol and other drug use, smoking, vaping, marijuana, stress, anxiety, depression, suicide, social justice, race, healthy equity and sexual identity. The purpose is to discuss prevalent trends and solutions not individual situations or occurrences.

Signature of parent/guardian:

Date:

**Sharing Contact Information: Parent/Guardian Consent**

BCHD has permission to provide my students' contact information among the other Youth Advisory Council members to coordinate and complete Youth Advisory Council related tasks.

Signature of parent/guardian:

Date:

**Completed Applications**

Please submit completed applications on the Youth Advisory Council website, <https://www.bchd.org/youthadvisorycouncil>, by completing the form and uploading the application.

All applications will be due **by 6 p.m. on September 5, 2021 via smartsheet link**. Those selected for the Youth Advisory Council will be notified via email **by 6 p.m. on October 1, 2021**. Please review the Application Checklist on the last page prior to submitting application. **If your application is not complete, Beach Cities Health District cannot review the application and it will not be considered for acceptance on the Youth Advisory Council. Only the applications submitted through the online portal will be accepted.**

For questions about the Youth Advisory Council or the application process, please contact Emory Chen or Cindy Carcamo, [emory.chen@bchd.org](mailto:emory.chen@bchd.org), [cindy.carcamo@bchd.org](mailto:cindy.carcamo@bchd.org).



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## Volunteer Agreement

This will serve as an agreement between (Student Name) \_\_\_\_\_ and Beach Cities Health District regarding my volunteer commitment. In exchange for participating in BCHD's volunteer program, I understand and agree to the following volunteer agreement:

### **Volunteer Status**

I understand that my volunteer status with BCHD is "at will" and that the District or I may terminate my volunteer status with BCHD at any time for any reason.

### **Anti-Harassment Policy**

I have received a copy of the BCHD Anti-Harassment policy. I understand that it contains important information on the District's anti-harassment policy. I understand and acknowledge that I am expected to read, understand, and adhere to the policy and will familiarize myself with it. I also understand that I am governed by the contents of this policy and that the District may change, rescind, add, or modify terms of the policies, benefits, or practices described in it (other than the "at will" policies) from time to time in its sole and absolute discretion with or without prior notice. The District will advise employees and volunteers of material changes within a reasonable period of time.

### **Confidentiality and Confidential Information**

BCHD maintains confidential information of our clients, business operations, employees and overall dealings of the District. BCHD is legally and morally obligated to ensure the protection of such confidential information. Confidential information includes, but is not limited to, such things as client lists, client names, personnel files, financial and marketing data, compensation data, addresses, phone numbers, medical history data and trade secrets. As a volunteer, you may need to access this information. I agree not to share such information with individuals outside of the District and will disclose such information with other volunteers and employees only when there is a need for such persons to have access to confidential information.

### **Waiver of Liability**

I understand that I must carry automobile liability insurance for any driving I do related to my volunteer assignment(s). My volunteer activities may also expose me to risks of injury, illness, and accidents such as any bodily injuries at the District's site, inter-action with District personnel, volunteers, client, and vendors. These risks may include, but is not limited to, slips, falls, accidents, exposure to infections, assaults, torts of any kind, and any risks associated with volunteer activities. I hereby agree to fully accept any and all risk of injury, illness and death that may result from my participation in the volunteer program and hereby fully release BCHD from any and all liability or damages for claims I may have relating to my work as a volunteer.

### **Photo Release Authorization**

In exchange for participating in this program, I grant to Beach Cities Health District the perpetual, irrevocable, worldwide, paid-up and royalty free right to reproduce, distribute, prepare derivative works from and otherwise use my image, voice, name and any other identifying feature or characteristics as well as my performance in any event for any purpose.

***I have read and understand all terms of the policies, benefits, and practices described in the Beach Cities Health District Volunteer Agreement.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For youth volunteers under the age of 18, parental consent is required.*

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





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### Youth Advisory Council Ground Rules

1. **Respect & Safe Space:**
  - Safe space – Be honest with yourself and others.
  - Be on time to meetings – arriving late disrupts the group.
  - Treat others with respect and try to remain non-judgmental.
  - Disagreement in the group can be an opportunity for growth and greater understanding among members.
  - If you say something that upsets another group member, please acknowledge their feelings.
  - If you are upset by something another group member shares, please acknowledge your feelings appropriately in the group and reach out to staff for support as needed.
2. **One mic, one voice:**
  - Be a good listener – one person speaks at a time.
  - Be careful not to take a topic of conversation away from another member.
  - All conversations should include everyone in the group (no unrelated side conversations).
  - Be aware of the amount of the group’s time you are taking.
3. **Pass:** Share as you are comfortable but be willing to participate for personal growth.
4. **Safety is number one:** if there is something shared in the group that concerns the safety of yourself or others, staff will follow up accordingly.
5. **Confidentiality:**
  - Keep the group confidential – remember what is shared is personal and it should remain in the group.
  - If you are socializing outside the group, make sure you keep the confidence of group members.
  - Respect confidentiality of others when you are sharing in the group such as refraining from sharing identifying information or specific examples of other students in schools and communities.
6. **Communication with BCHD Staff:**
  - If contacting staff via cellphone (text or phone message) identify yourself as a member of the Youth Advisory Council and staff will respond to you within normal business hours (9 a.m. – 5 p.m. Mon – Fri).
  - All communications with staff via cellphone must be related to the Youth Advisory Council, for all other inquiries or concerns contact staff via email.
7. **Zoom Etiquette:**
  - Arrive promptly to Zoom meetings even if that means signing in a few minutes early and plan to stay the entire meeting.
  - Strive to be on Zoom in a quiet space for meetings, otherwise please utilize the chat feature and mute yourself when not sharing.
  - Please use the raise the hand feature to share when someone is sharing, and Staff lead will call on you to share.
  - Please do not utilize the private message feature in the Zoom chat to have side conversations.
  - Come prepared with updates for Zoom meetings since we are working in a virtual environment, we want to be mindful of everyone’s time.

*I have read and understand the Youth Advisory Council Ground Rules. In joining this group, I have agreed to attend meetings as consistently as possible and communicate schedule conflicts with group facilitator, Emory Chen or Cindy Carcamo, at [emory.chen@bchd.org](mailto:emory.chen@bchd.org) or [cindy.carcamo@bchd.org](mailto:cindy.carcamo@bchd.org).*

Name (First, Last) Signature of applicant: Date:

Parent/Guardian Name Signature of Parent/Guardian: Date:



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## Youth Advisory Council Application Checklist

Please review this application checklist prior to submitting your application to ensure you have met all the criteria for your application to be complete and considered for acceptance on the Youth Advisory Council. **If your application is not complete, Beach Cities Health District cannot review the application and it will not be considered for acceptance on the Youth Advisory Council.**

- Everything Typed:** All information on the application must be typed, **handwritten applications are considered incomplete.**
- Applicant and Parent Guardian Information:**
  - All information requested must be completed – **if application is incomplete it will not be considered for review.**
  - Beach Cities Health District is unable to email students on a school email due to the school firewall, please include an alternative email in order to receive information and updates.
  - Daytime and evening phone contact is required for parents/guardians for emergency contact purposes.
  - Dinner is provided at all in-person meetings, please list any food allergies.
- Signatures:** All signatures requested from students and parents/guardians must be original signatures. Names typed in for signatures are insufficient.
- Personal Letter of Interest:**
  - The personal letter of interest must be between 250 – 500 words and typed.
  - The personal letter of interest must address all 3 prompts listed:
    - Importance of youth advocacy.
    - What you hope to get out of this experience.
    - How you would like to make an impact on the health and wellbeing of teens in the Beach Cities.
  - Please do not add any additional documents, resumes or letters of recommendation. If included, they will not be reviewed with the application.
- References:**
  - Application must have **two** references listed with complete contact information.
  - References must be notified they **may be** contacted directly to attest to your work ethic and accountability as a part of the Youth Advisory Council.
- Media Release:** The Media Release on page 6 must be completed and submitted.
- Volunteer Agreement:** The Volunteer Agreement on page 7 must be completed and submitted.
- Ground Rules:** The Ground Rules on page 8 must be completed and submitted.
- Application Submission:**
  - All applications will be due **by 6:00 p.m. on September 5, 2021.**
  - Applications must be submitted in one document to be considered complete. **Applications submitted in multiple parts will be considered incomplete.**
  - Applications must be submitted on the Youth Advisory Council website, <https://www.bchd.org/youthadvisorycouncil>, by completing the form and uploading the application. Applications emailed will not be reviewed for acceptance.
  - Those selected for the Youth Advisory Council **will be notified via email by 6:00 p.m. on October 1, 2021.**

For questions about the Youth Advisory Council or the application process, please contact Emory Chen or Cindy Carcamo, [emory.chen@bchd.org](mailto:emory.chen@bchd.org), [cindy.carcamo@bchd.org](mailto:cindy.carcamo@bchd.org).