



Healthy Choices Caring Communities Youth Advisory Council (YAC)



606 S. Shoop Ave, Wauseon, OH 43567
Phone: 419-337-0915 Fax: 419-337-0561
Email: HC3Partnership@gmail.com
www.HC3partnership.org

“Fulton County working together to reduce youth substance use”

Dear Fulton County Teen,

Healthy Choices Caring Communities is a community coalition whose focus is the reduction of substance use among our young people. The coalition brings many facets of the community (parents, students, community professionals, faith based organizations, law enforcement, the media, and health care professionals) together to address the many issues which surround alcohol, marijuana, tobacco, and prescription drug misuse/opiate use with our children.

We are currently recruiting teens to serve on our *Youth Advisory Council (YAC)*, a youth-led prevention group from across Fulton County who meet twice a month in Wauseon. YAC is a group of approximately 50 high school students, representing the Archbold, Delta, Evergreen, Fayette, Pettisville and Wauseon School districts. This program creates opportunities for Fulton County youth to develop strategic planning skills and use evidence-based planning processes to address issues the students identify within the local community. The YAC program works to build individual leadership capabilities, communication skills and a better understanding of the resources and diversity in Fulton County, while creating unique projects and countywide youth events. YAC invites you to join today and become agents of change. YOU have the power and passion to make an impact in your community and YAC can help!

Your commitment to the coalition would be to attend the bi-monthly meeting and participate in 4 - 5 youth events per year. The Youth Advisory Council meets twice a month (generally the 1st Thursday and 3rd Monday of the month) from 6:00 – 8:00 pm at True North Church (850 W. Elm St, Wauseon, OH 43567).

If you are interested in pursuing this opportunity, please complete the following documents in this application packet:

- YAC Application form (orange)
- Parental Consent and Medical Release form (blue)
- Membership Agreement form, which includes your commitment to a substance-free lifestyle (green)
- Recommendation form (yellow)

After these are completed, please return the documents by May 31st:

Mail to: Youth Advisory Council
Healthy Choices Caring Communities
606 S. Shoop Ave
Wauseon, OH 43567

Or

Email to: HC3Partnership@gmail.com

Deadline for submitting applications is May 31, 2018. Once we have received your application packet, we will complete the application process and notify you of the status of your application.

Please feel free to contact us at 419 337 0915 or by email at HC3Partnership@gmail.com if you have any questions.

Karen
Karen Pennington
YAC Advisor

Robin
Robin Willson
YAC Advisor

Beth
Beth Thomas
YAC Advisor



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2018-19 YAC Application

Date: _____

Preferred Name: _____ Phone: _____ T-shirt size: _____

Student Cell: _____ Texting? _____ Yes _____ No Birthdate: _____

Social Media: _____ Facebook _____ Instagram _____ Twitter _____ Other _____

Parents’ Names: _____

Home Address: _____ Parent Phone: _____

Email: Student or Family (please circle): _____

I attend _____ (school) in Fulton County. Grade level: _____

I am involved in the following school and community activities:

_____ Athletics (indicate sport(s)) _____

_____ Music (indicate band, choir etc.) _____

_____ Clubs (indicate which club(s)) _____

_____ 4-H, Boys/Girls Scouts etc. _____

_____ Faith based activities (indicate which organization) _____

_____ Volunteer Work (indicate where) _____

_____ Paid Work (indicate where) _____



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Youth Advisory Council (YAC)



2018-19 YAC Application

Name: _____ School: _____

We would like each applicant to look at Healthy Choices Caring Communities’ (parent organization of YAC) website (HC3Partnership.org) as well as our Facebook page (Healthy Choices Caring Communities) to gain a better understanding of our organization. Based on this “research,” what did you find interesting about what Healthy Choices Caring Communities (HC3) or YAC does?

Why do you want to be part of our Youth Advisory Council (YAC)?

What do you like to do for fun? (Hobbies, Activities, Sports, Games etc.)

What kind of changes would you like to see in your community?

Please return the completed documents in your application packet form by May 31st:

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2018-2019 YAC Membership Policies

Attendance Policy:

- General YAC members are expected to attend 50% of YAC meetings/activities
- Leadership Board Members/Family Group Leaders are expected to attend 75% of YAC meetings/activities.
- Following the November 2018 YAC meeting, any member who has not met this expectation
 - Will receive a letter indicating the policy violation.
 - YAC member is expected to respond within 10 days with an explanation about why the attendance policy has been violated and provide an action plan to correct it.
 - The YAC Leadership Board will review responses anonymously.
 - If members choose not to respond to violation letter, YAC membership will be lost
 - If the explanation provided by YAC member as found to be unacceptable by the YAC Leadership Board, YAC membership will be lost.
 - YAC members who have not meet the expectation for attendance by June 2019, will be deemed ineligible for YAC membership for the following school year or will denied YAC Alumni status.

Representation of YAC in schools, the community and through social media:

As members of YAC, our students represent YAC in their schools, in their communities as well as in the broader online community. We believe YAC members' online as well as “in person” activities should not support, through actual behavior or interpretation, the use of substances, including tobacco, alcohol, marijuana, other illegal drugs or the misuse of over the counter or prescription medications.

- All YAC members will be notified of the policy and given opportunity to remove any potential violations from their social media sites.
- All YAC members signing this agreement form commit to a substance-free lifestyle.
- All YAC members under the age of 18, must obtain a parent's signature, agreeing to the policy.

If a YAC member is observed by coalition members/staff, school staff or community members violating this Drug Free policy through “in person” activities as well as online activities, the following actions would be taken:

- **First Violation:** YAC member would be notified by coalition staff of the suspected violation in a person-to-person private meeting and reminded of their agreed commitment to a substance-free lifestyle. If the violation were found on social media, YAC member would be asked to remove the violation from their page(s).

Second Violation: YAC member would be notified by coalition staff of the suspected violation in a “person to person” private meeting. YAC member would be suspended from all YAC activities (meetings, events, YAC communication etc.) for a period of 3 months. YAC Leadership Board Members/Family Group Leaders with a second violation would be removed from the YAC program.

Third Violation: Coalition staff would review suspected violations with appropriate coalition members (with YAC member name removed). If violation were confirmed, the YAC member would be removed from the YAC program permanently.



Healthy Choices Caring Communities
Youth Advisory Council (YAC)



2018-2019 YAC Member Agreement

Youth Advisory Council (YAC) members will:

- Work in partnership with HC3 and YAC to promote and enhance youth-led prevention efforts across Fulton County and the state.
- Demonstrate leadership, embrace opportunities and be an active participant in YAC.
- Identify, assist in developing and delivering training, representing YAC to support and advance youth-led prevention programs throughout Fulton County.
- Advocate for behavioral health issues relevant to the youth of Ohio regionally and statewide.
- Provide opportunities to recognize youth leaders making a difference in their communities.
- Be required to attend all meetings on time.
- Must communicate special absences in advance.
- Serve on ad-hoc committees that may require additional meeting times.

Assurances

I understand that in order to maintain membership with YAC I must agree to the following:

- I will engage in leadership roles and follow through on tasks that are assigned to me.
- I will attend YAC meetings and activities on a regular basis; meetings are generally scheduled on the 1st Thursday and 3rd Monday of each month. **I understand that I am committing to a minimum of 50% attendance for general YAC members and 75% for Leadership Board members.**
- I affirm that **I am committed to living a substance-free and healthy lifestyle.**
- **I have received the YAC Membership Policies and agree to follow the guidelines outlined within the policy.**

I certify that the information contained in this application is true and complete. Furthermore, I understand that if I am not able to meet the above assurances that I should discuss this with the youth development coordinator.

Participant Signature _____ Date _____



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2018-19 Parental Consent and Medical Release

As the parent/guardian of _____ I fully support his/her application to be a part of the Youth Advisory Council (YAC).

Furthermore, I understand that my son/daughter is expected to participate in at least 50% (or 75% for all Leadership Board members) of all YAC meetings, events, and activities and that transportation to various parts of the county and occasionally the state, will be required. **As the parent/guardian of the above name student, I agree to assure that all necessary transportation arrangements are made.**

I understand that occasionally YAC events may take place during the school day. Education is of utmost importance and, therefore, **it is my responsibility as well as the responsibility of my son/daughter to determine that any time spent away from school be excused by the district and not harmful to the student’s academic performance.**

I understand that Healthy Choices Caring Communities (the parent organization of YAC) will invest over \$20, 000 in this youth-lead prevention program. I understand that my son/daughter has the opportunity to attend additional statewide leadership events (e.g. Youth to Youth, CADCA Training) and local events (YAC retreat) which require an additional monetary investment. **I understand that there may be a cancellation fee if my son/daughter commits to participate in one of these events and is unable to attend**

I understand that **insurance coverage for accidents or illness while participating in any program or event with Healthy Choices Caring Communities (HC3)/Youth Advisory Council/Fulton County Health Department is the responsibility of the participant and/or family/legal guardian.**

As part of being of YAC, **I understand that my child will be photographed in images, videos, or voice recordings created through photography, videographer or electronic means for promotional media or materials, including social media outlets.**

Furthermore, **I understand that should my son/daughter choose to provide and share a testimonial or personal story, with his or her permission, it may be utilized in promotional media and marketing.**

I acknowledge that I have received the *YAC Membership Policies* and understand the violation of either the YAC Attendance Policy or commitment to a substance-free lifestyle will result in loss of YAC privileges and possible removal from the group.

Finally, I give consent for my son/daughter to participate in YAC events and activities; which include, but are not limited to monthly meetings, regional/state conferences, overnight retreat and county events.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Best Contact Number

Parent e-mail

