



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 Youth Advisory Council Member,

Thank you for being a part of the Youth Advisory Council! Each member of YAC is so important to the group; you provide diverse opinions and outlooks on each subject we discuss in addition to offering a countywide support network both for the youth-led prevention programs you create and for other YAC members. We are so excited that you are planning to continue with YAC for the 2018-19 year!

As you may know, we are changing a few things for next year, including our meeting location; we will now be meeting at **True North Church** (850 W. Elm St, Wauseon, OH 43567). We are also changing the dates and times for our regular meetings; we will now be meeting the **1st Thursday and 3rd Monday of the month from 6:00 – 8:00 pm**. A current list of meeting dates for the 2018-19 year are located on the back of this page.

The 2018-19 YAC year will begin with an orientation for **ALL YAC members and parents**. This will be taking place on August 2, 2018 from 6:00 – 8:00 pm at True North Church and will be a great opportunity to meet the incoming new members, check out the new meeting location and see what other changes are happening in YAC. Make sure to let your parents know and mark the date so you don’t miss it!

Please complete the following documents in this continuation packet:

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

After these are completed, please return the documents by June 4th:

Deliver in person: At the Senior Sendoff, June 4th YAC meeting, at Potawatomi shelter house in Reighard Park, 615 Oak St, Wauseon, OH (This is the shelter house located between the Imagination Kingdom and the tennis courts on Oak street.)

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 continuation packet is June 4th, 2018.

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 Meeting Dates

Date:	Location:
June 11	Leadership Board and Family Group Leader Retreat – Location TBD (other YAC members do NOT need to attend)
August 2	Orientation – True North Church
August 20	True North Church
September 1	Milkshake Stand – Fulton County Fair
September 2	Stomping Grounds – Fulton County Fair
September 6	True North Church
September 17	True North Church
October 4	True North Church
October 15	True North Church
November 1	True North Church
November 17-18	YAC Retreat – Camp Palmer, Fayette
December 6	True North Church
December 17	True North Church
January 3	True North Church
January 21	True North Church
February 7	True North Church
February 18	True North Church
March 7	True North Church
March 18	True North Church
April 4	True North Church
April 15	True North Church
May 2	True North Church
May 20	True North Church
June 6	Senior Sendoff – Reighard Park, Wauseon

Please plan to attend a minimum of 50% (for regular members) or 75% (for Leadership Board and Family Group Leader members) of the scheduled meetings and YAC activities for the 2018-19 year.

We understand that you have other obligations, activities and commitments (jobs, school groups, sports, family events, etc.). If you are unable to attend a meeting or event, it is your responsibility to let us know. **Please contact us via text: 419-583-7927 (Karen), 419-630-3960 (Robin), 419-270-5806 (Beth)** or use the contact information at the top of the page.



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2018-19 YAC Membership Update

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 (2018-19): _____

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) _____

After these are completed, please return the documents by June 4th:

Deliver in person: At the Senior Sendoff - June YAC meeting (at Reighard Park, 615 Oak St, Wauseon, OH)

Mail to: Youth Advisory Council
Healthy Choices Caring Communities
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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.



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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; meeting 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

