



YOUTH ADVISORY BOARD APPLICATION 2018

YAB MISSION STATEMENT:

**To promote healthy, drug-free lifestyles by
educating youth through peer leadership and
positive role modeling.**



Things you should know about the YAB and this application!

Please read the application carefully and complete all the requested information. Below are some things that will help you in completing this application and some expectations if selected for the Spartanburg YAB. If you have any questions while completing the application please call Victoria Payne at 864-707-2802.

1. Make sure you complete all the application questions.
2. Make sure that you answer one of the two questions on a separate piece of paper (it must be typed) and be at least one page in length.
3. If you are selected for the YAB you will be asked to sign an alcohol, tobacco and other drug free contract. If selected, youth will also be asked to sign a conduct code that includes specifications on personal behavior as well as in appropriate attire for activities in the community.
4. You need to make sure that you can make the time commitment to the YAB; we have 2 monthly trainings/meetings a month. Please make sure you talk with your parents before submitting this application. It is very important that you can make the time commitment. While we understand that occasionally, emergencies arise that may prevent attendance, we do expect a commitment to the YAB.
5. You will need to provide your own transportation to and from meetings.
6. There is no cost to you to join the YAB or participate in the activities. The YAB is funded by the United Way of the Piedmont.
7. You will be serving as community leaders and youth role models. You will need to have a positive attitude, be ready to meet people with different ideas and beliefs than you, and a maturity to handle the issues we discuss.



Personal Information

Name: _____
 First Middle Last

Name Called: _____

Male Female Race: _____ Birthdate _____ Age _____

Parents' (Guardians') Names: _____

Parents Work and Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Your Cell: _____

Parents' Cell: _____

Your Email Address: _____ Check email daily? _____

Emergency Contact and Phone Number
(other than parents or guardians): _____

If you have a job, where and what are your hours: _____

Hobbies and/or interests: _____

School Information

School Name: _____ Grade Entering: _____

School Principal: _____ Guidance Counselor: _____



TFCBH Youth Advisory Board **Job Description**

Qualifications:

- Must be a rising 9th through 12th grader in Spartanburg County
- Attend the monthly scheduled meetings and activities in accordance with the attendance policy
- Be alcohol, tobacco and other drug free
- Must be an active participant in the YAB and volunteer with other youth/adult programs in the community
- Be an active volunteer with The Forrester Center for Behavioral Health programs when requested
- Be able to provide your own transportation to and from YAB meetings and events
- Represent YAB as a drug free youth in your school and community

Specific Responsibilities:

- Serve as an ambassadors for TFCBH/YAB to schools and community
- Assist in the volunteer recruitment of youth/adults for programs and surveys
- Volunteer for tasks on the YAB
- Attend YAB meetings and be an active participant
- Have the opportunity to assist with special events and media opportunities
- Recruit new YAB members when appropriate
- Create awareness of our mission, programs and goals among peers and the community in general
- Learn the educational material as it pertains to alcohol, tobacco and other drug prevention and make-up sessions when missed
- Learn about TFCBH and the services and programs offered

Signature: _____

Date: _____



On a separate sheet of paper, please answer **one of the following questions. The response should be typed and be a minimum of one page in length.**

1. Please tell why you think teens your age first use alcohol, tobacco and/or other drugs.
2. Please tell why you want to be a part of the YAB (alcohol, tobacco and drug free) and why volunteering in your community is important to you.

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- You may drop off your application at TFCBH in the Prevention Department
 - 187 W. Broad Street, Spartanburg, SC (3rd floor)
 - Email them to vpayne@theforrestercenter.org
 - Or mail them to: The Forrester Center for Behavioral Health
Attn: Victoria Payne
P.O. Box 1252
Spartanburg, SC 29304
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- If you have any questions concerning this application, please call Victoria Payne at 864-707-2802.

Thank you for your interest in the Spartanburg Youth Advisory Board!