



## Calendar of Activities

### Welcome to YAB 2017-18!

**The purpose** of YAB is to engage area high school students in advocacy and social media marketing to educate their peers and adults about the harms of underage substance use and youth violence.

**Projects**, including the State of the Youth Address in November, will entail additional meeting time. Other speaking opportunities will be scheduled. LSC will coordinate meeting times with YAB members.

We do a lot of work by email, GroupMe and text. You will be responsible for your own transportation to meetings and some events.

Members receive **community service hours** for all the time they spend working with the Youth Advisory Board and are eligible for **local and state recognition**.

<b>Sept 6</b>	<b>Leadership Training</b> 8 am – 2 pm, Liberty, MO (transportation provided)
<b>Nov 20</b>	<b>State of the Youth Address by YAB members</b> 11 am - 12:30 pm, Saint Luke's East
<b>Jan 25</b>	<b>Mayor's Character Breakfast</b> 7:30 am – 9:00 am, John Knox Pavilion
<b>Mar 26</b>	<b>Thanks-for-Your-Giving Volunteer Recognition Event</b>
<b>Apr 11</b>	<b>Speak Hard Conference</b> ( <i>tentative date</i> ) All day event, Jefferson City, MO (transportation provided)
<b>June</b>	Apply for Missouri Youth Ambassador (optional)



# Lee's Summit CARES' Youth Advisory Board Student Application



Students 9th-12th grade are invited to join.

1. Complete this application, answering all questions and providing all requested information.
2. Please have your parent/guardian complete the section provided for them.
3. Please have your SMART Clubs sponsor or other teacher complete the section provided for them.
4. Send application to: Monica Meeks, [MMeeks@rediscovermh.org](mailto:MMeeks@rediscovermh.org) **OR TURN IT IN AT A YAB EVENT**

**Please note:** We do a lot of work by email, GroupMe and text. You will be responsible for your own transportation to meetings. You will receive community service hours for all the time you spend working with the Youth Advisory Board.

**Questions: Please call Monica Meeks, 816-347-3202 or email [MMeeks@rediscovermh.org](mailto:MMeeks@rediscovermh.org).**

**Please type or print legibly.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Can we text to this number?  Yes  No

Email \_\_\_\_\_

Social media user names:

Instagram @ \_\_\_\_\_

Facebook @ \_\_\_\_\_

Twitter @ \_\_\_\_\_

Snapchat @ \_\_\_\_\_

High School \_\_\_\_\_

Graduation Date \_\_\_\_\_

Date of Birth/Yr \_\_\_\_\_

T-shirt size \_\_\_\_\_

### Student Commitment:

I agree to lead an alcohol-free and drug-free lifestyle and be an active participant in Youth Advisory Board activities. I understand if I fail to participate and do not honor my commitment to be alcohol- and drug-free, I will be asked to step down from the Youth Advisory Board.

Signed \_\_\_\_\_

Date \_\_\_\_\_





# Lee's Summit CARES' Youth Advisory Board



## Parent Permission

Dear Parent/Guardian:

Your student is applying to be a member of the Youth Advisory Board, sponsored by Lee's Summit CARES. Lee's Summit CARES was created in 1985 and is a well-respected nonprofit agency that works closely with the Lee's Summit School District and other community partners.

The Youth Advisory Board meets throughout the school year. Students are trained in youth substance abuse prevention, advocacy and social media marketing. They receive community service hours for meeting attendance and projects. Students are supervised. Students are responsible for their own transportation to meetings.

Participation includes supervised leadership training and attendance at the annual youth prevention conference that requires separate parent/guardian approval to attend.

Members are positive, drug-free role models who are respected by the members of their school and community. Members pledge to be alcohol and drug-free. In addition, they pledge to be active participants on the Youth Advisory Board. Students have received a schedule of meeting dates and events.

### ***Please complete the following:***

I <please print name of parent or authorized guardian> \_\_\_\_\_  
do hereby give permission to <name of student here> \_\_\_\_\_, age \_\_\_\_\_,  
to participate in the Lee's Summit CARES Youth Advisory Board during the years of 2017 and 2018.

### ***Please initial to indicate permission for the following:***

\_\_\_\_\_ I authorize Lee's Summit CARES to use photographs of my child for promotional and/or publicity purposes surrounding sponsored events, trainings and/or activities.

\_\_\_\_\_ I authorize Lee's Summit CARES to transport my child to events that require out of town travel.

### **Please sign and date:**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's contact number in case of emergency)

\_\_\_\_\_  
(Parent's email for communication from LSC)

**Please list** any known food allergies, medical condition(s), or medication(s) that might be important to know in an emergency situation: \_\_\_\_\_

**For more information, contact Monica Meeks at Lee's Summit CARES, 816-347-3202, MMeeks@rediscovermh.org.**



# Lee's Summit CARES' Youth Advisory Board



## Teacher Recommendation

\_\_\_\_\_ is applying to be a member of the Youth Advisory Board. This group serves as an advisory board for Lee's Summit CARES. Candidates should be positive, alcohol/drug-free role models who are respected by the members of their school/community and who can commit to active participation. To help the selection committee, please provide the following information and **return it to Lee's Summit CARES**. This recommendation will remain confidential. Due to your busy schedule, short answers are acceptable. We are looking for students who have the time and personal desire to commit to this group.

Email to: Monica Meeks, **LEE'S SUMMIT CARES**, [MMeeks@rediscovermh.org](mailto:MMeeks@rediscovermh.org).  
Questions: Call Monica Meeks, 816-347-3202.

1. Describe the applicant's leadership skills, abilities and degree of maturity.
  
  
  
  
  
  
  
  
  
  
2. In what ways does this candidate serve as a positive, drug-free role model for his/her peers?
  
  
  
  
  
  
  
  
  
  
3. Please list any restrictions that would limit the applicant's ability to serve. *In none, please write n/a.*
  
  
  
  
  
  
  
  
  
  
4. Circle your overall opinion of the applicant's ability to serve on the Youth Advisory Board.

Excellent      Superior      Good      Average      Poor

Middle/High School \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Phone & Ext. \_\_\_\_\_ Email \_\_\_\_\_