



## Welcome to YAB 2020-21!

**The purpose** of YAB is to engage Lee's Summit students in advocacy and leadership activities to educate their community about youth health and safety in Lee's Summit.

The Youth Advisory Board meets in the evenings on the **2nd and 4th Tuesday of each month**. Students may also have an opportunity to represent their peers at a monthly community-level committee meeting.

Leadership training opportunities include a Leadership Summit in North Kansas City and Speak Hard, a youth conference in Jefferson City. If interested in attending, students must be excused from school for the day. Transportation and all expenses will be provided.

**Approximate time commitment:** 5-7 hours a month

\*Please return your application to Tiffany by Friday May 22, 2020\*

**WHO?** We are seeking Lee's Summit teens in grades 8 – 12 who are:

- **DIVERSE AND TALENTED**
- **CREATIVE AND ENGAGED**
- **OPEN-MINDED**
- **EAGER TO CREATE CHANGE**
- **HEALTH-ORIENTED**
- **ABLE TO COMMIT TO LIVING AN ALCOHOL AND DRUG FREE LIFESTYLE**



## Student Application

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: Tiffany Weyant at [tweyant@rediscovermh.org](mailto:tweyant@rediscovermh.org) by May 22, 2020.

**Questions: Call Tiffany Weyant at 816-347-3075 or email [tweyant@rediscovermh.org](mailto:tweyant@rediscovermh.org)**

**Please type or print legibly:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Can we text to this number?  Yes  No

Email: \_\_\_\_\_

Social media usernames:

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

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

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

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

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

Graduation Year: \_\_\_\_\_

Date of Birth/Yr: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Race/ethnicity \_\_\_\_\_

### Student Commitment:

I agree to lead an alcohol-free and drug-free lifestyle and be an active participant in Youth Advisory Board activities. I will commit to missing no more than 2 scheduled YAB meetings. I understand that if I fail to participate and do not honor my commitments, I will be asked to step down from the Youth Advisory Board.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Student Application

Print name: \_\_\_\_\_

### Please answer the following questions:

1. Describe why you will be an excellent member of the Youth Advisory Board, advocating for a healthy and drug-free community?

2. List the extra-curricular events and activities in which you are involved (school and community):

3. We ask that as a member of YAB, you commit to 5-7 hours of service a month. Are you able to commit to this time amount? Why or why not?

4. What are your areas of interest?: (check all that apply or indicate what other interest(s) you have)

- public speaking
- social media/marketing
- art/design
- organizing
- teaching/training others
- other (please list) \_\_\_\_\_

5. Are you a member of your high school SMART Club? (This is not required, but is strongly encouraged):

- yes
- no



## 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 overall mental health wellness. 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.

### **Complete the following:**

I *<print name of parent/authorized guardian>* \_\_\_\_\_  
do hereby give permission to *<name of student>* \_\_\_\_\_, age \_\_\_\_\_, to  
participate in the Lee's Summit CARES Youth Advisory Board during the years of 2020-21.

### **Initial to indicate permission for the following:**

\_\_\_\_\_ I authorize Lee's Summit CARES to take and use photographs and videos of my child for promotional purposes, including posting to social media, newspaper, radio, and others, at sponsored events, trainings and/or activities.

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

### **Sign and date:**

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

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

In case of an emergency parent number: \_\_\_\_\_

Parent's email for LSC communication: \_\_\_\_\_

Please list any known food allergies, medical condition(s), or medication(s): :  
\_\_\_\_\_



## 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.

Questions: Call Tiffany Weyant at 816-347-3075 or email [tweyant@rediscovermh.org](mailto:tweyant@rediscovermh.org).

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: \_\_\_\_\_