

## Breathe California Sacramento Region – Youth Advisory Board Application

### Who is Breathe California Sacramento Region?

Breathe California Sacramento Region has been serving the community for over 100 years, working toward improving air quality and lung health.

### What is the Youth Advisory Board?

The Youth Advisory Board (YAB) is a group comprised of talented young leaders, ages 14-21, who join Breathe's efforts in education, policy, advocacy, and research. YAB members meet with Breathe staff monthly to contribute their voices to Breathe's clean air, lung health, and tobacco prevention projects.

### What are the responsibilities of a YAB member?

- Attend trainings and meetings at least once per month
- Participate in programs, events and speaking opportunities including but not limited to:
  - o Speaking at city council meetings in support of tobacco control measures
  - o Giving presentations to peer groups
  - o Writing letters to local elected officials in support of tobacco control measures
  - o Providing content to post to social media
  - o Planning and host a booth at the Environmental Council of Sacramento Earth Day 2020
  - o Participating in YouthQuest 2020 hosted by the California Youth Advocacy Network

### What are the benefits of being a YAB member?

- Develop your leadership skills
- Learn about different career paths in public health
- Earn community service hours
- Get excellent experience for college and/or job applications, including letters of recommendation

### How do I apply?

1. Read over the job description and sign agreement statement (page 2)
2. Fill out the contact and personal information page (page 3)
3. Complete the short answer questions (found on page 4) in a *typed* document (no more than 2 pages total please) and print and including in your application
4. Sign the photo release and permission (page 5)
5. Mail your application to:
  - a. Breathe California Sacramento Region  
ATTN: Marissa Greenband  
909 12<sup>th</sup> Street, Suite 100  
Sacramento, CA 95814
6. Questions? Contact Marissa at [mgreenband@sacbreathe.org](mailto:mgreenband@sacbreathe.org) or call us at 916-444-5900



## YOUTH ADVISORY BOARD APPLICATION: Position Description & Agreement Statement

The Youth Advisory Board is a leadership opportunity for students to utilize and further develop management, public speaking, and other professional skills. Through active participation by its members the Youth Advisory Board: *Expands Youth Involvement to enhance our goals of clean air, healthy lungs, and the elimination of lung disease in the Sacramento Region.* The Youth Advisory Board will represent Sacramento County's youth and will increase youth involvement in all areas of our organization.

### Qualifications

- Be between the ages of 14 and 21 years old
- Reside in or attend school in Sacramento County
- Maintain a GPA of at least 2.5, if attending middle or high school or college
- Attend at least 1 of the 2 monthly Youth Advisory Board meetings
  - *Missing more than one month of meetings may result in being asked to leave the group. Exceptions will be made for extenuating circumstances.*
- Respond to communications regularly and timely with staff via email, text, or phone, and download the GroupMe application on your phone to keep in touch regularly
- Be able to provide your own transportation to and from Youth Advisory Board Meetings and activities/events (regular meetings occur at the Breathe office in Downtown & at Valley Vision in Oak Park)
- *Represent Breathe California Sacramento Region as a non-smoker, including any and all electronic smoking devices or other combustible substances.*

### Specific Responsibilities

#### Serve as ambassadors to schools/community

- Support the inclusion of mission-based programs on respective school campuses
- Create awareness of our mission, programs and goals among peers and the community in general

#### Carry out the "youth voice"

- Serve as spokespersons for the Breathe mission and projects
- Have the opportunity to assist with special events/fundraisers
- Work with the Board of Directors and Breathe California Sacramento Region Staff on programs and event development, advocacy, outreach/ networking, and all other areas that impact our mission

#### Contribute to Breathe Programs/Events

- Commit to completing all assignments (such as creating social media posts, writing letters, etc.) on time (ample time will be provided!)
- Commit to attending at least 75% of the programmatic events, meetings, etc. outside of our regularly monthly meeting times

### Agreement Statement

*By signing below, I confirm that I fulfill the above qualifications necessary to carry out this position and will commit to the specific responsibilities outlined above for the July 2019-June 2020 term.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**YOUTH ADVISORY BOARD APPLICATION: Contact & Personal Information**

**Applicant Information** (to be filled out by applicant):

Applicant Name: \_\_\_\_\_ Applicant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*First Last*

Applicant Mailing Address: \_\_\_\_\_  
*Street City State Zip*

Applicant School: \_\_\_\_\_ Grade in 2019-2020: \_\_\_\_\_

Applicant Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Applicant Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_  
\_\_\_\_\_

**Parent(s)/Guardian(s) Information** (to be filled out by parent(s)/guardian(s)):

Parent/Guardian 1 Name(s): \_\_\_\_\_  
*First Last*

Parent/Guardian 1 Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian 1 Email Address: \_\_\_\_\_

Parent/Guardian 2 Name(s): \_\_\_\_\_  
*First Last*

Parent/Guardian 2 Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian 2 Email Address: \_\_\_\_\_

*By checking this box, I understand that the above parent(s)/guardian(s) contact information will serve as emergency contact information for the applicant.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



## YOUTH ADVISORY BOARD APPLICATION: Short Answer Questions

*Please type and print your responses and include in your application packet. Please keep responses to about 2 pages total.*

1. Are you a returning member of the Youth Advisory Board or a new member?
2. How did you hear about joining the Youth Advisory Board, and what made you want to apply?  
- *(returning members skip this question)*
3. Why do you want to become a member of the Youth Advisory Board during *this* school year?
4. What are your strengths and skills that you will bring to the Youth Advisory Board?
5. What are some of your weaknesses, and how do you think that being a part of the Youth Advisory Board might help you improve upon them?
6. What other organizations, programs, school clubs/sports/extracurriculars are you involved in, and when do they meet?
7. What are your personal interests and hobbies?
8. Are there any particular things you are especially looking forward to doing as part of the upcoming year in the program?
9. How do you like to stay organized with your school work and other commitments?
10. Is there anything else you would like to share about yourself, your interests, or otherwise?



**YOUTH ADVISORY BOARD APPLICATION: Photo Release and Permission Form**

**Breathe California Sacramento Region Photo Release and Permission**

**If applicant is over 18 years of age, complete this section:**

<input type="checkbox"/>	By checking this box, I give to the Breathe California Sacramento Region, its nominees, agents and assigns, unlimited permission to use, publish and republish for purposes of advertising trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with Breathe California Sacramento Region, with or without my name.
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**If applicant is a minor, please complete this section:**

<input type="checkbox"/>	By checking this box, I consent and agree, individually and as parent or legal guardian of the minor named above, to give to the Breathe California Sacramento Region, its nominees, agents and assigns, unlimited permission to use, publish and republish for purposes of advertising trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with Breathe California Sacramento Region, with or without my name.
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**Parental/Guardian Permission**

I hereby give (*print applicant name*) \_\_\_\_\_, permission to participate in the Youth Advisory Board and related Breathe California Sacramento Region’s activities and will make sure they are available for trainings and meetings. I release and hold harmless Breathe California Sacramento Region, its employees and constituents from all liability involved from my son/daughter participating in this project and subsequent project activities.

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_