



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 14-19, 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 2-3 times 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, organizing, and attending events (i.e. Breathe Youth Media Awards/ PSA contest and hosting a booth at the Environmental Council of Sacramento Earth Day 2023, and Breathe's Bike Rodeo 2023)
 - o Participating in YouthQuest 2023 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. Email your application to: Youth Programs Manager, Danielle Driscoll at ddriscoll@sacbreathe.org
6. Questions? Please contact Danielle via email (email provided above)



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 19 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 (Meetings are currently being held remotely via Zoom until further notice)
- *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 2022-June 2023 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 2022-2023: _____

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? If you are a returning member, what encouraged you to continue participating in the Youth Advisory Board *this* year?
3. What are your personal interests and hobbies? If you are a returning member, do you have any new interests or hobbies that you would like to share?
4. Are there any things that you are especially looking forward to doing as part of the upcoming year in the program?
5. How do you like to stay organized with your schoolwork and other commitments?



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: _____