

THE YOUTH ADVISORY COMMITTEE OF THE SOUTH BAY YOUTH PROJECT

The Youth Advisory Committee is looking for motivated, tactful, and purposeful members who have and will advocate a drug-free lifestyle and endeavor to engage in the community.

As a student-operated organization, all active secondary school students are afforded the opportunity to apply for membership, provided their high school be within the South Bay area (the amalgam of Hermosa Beach, Redondo Beach, Manhattan Beach, Torrance, El Segundo, and Palos Verdes).

Members will engage in public service of a high order with an emphasis placed on leadership development, resultant of the highly interactive nature of volunteer- and membership. Unlike the preponderance of high school clubs, the Youth Advisory Committee is fully independent, allowing its participants to decide not only what activities the group should and will invest its time in, but how the group is fundamentally organized and duties are administered.

Mandatory, bimonthly meetings are held on the First and Third Saturdays of each month. Activities may be organized anywhere within the South Bay area.

Graduates of the program have recently entered into undergraduate programs at Stanford University, Princeton University, Carnegie Mellon University, UC Berkeley, and UC Los Angeles, amongst others.

To be considered for membership, all interested persons must complete the hereinafter application form in its entirety and return it to a Youth Advisory Committee member and representative. Otherwise, please return the completed application to:

410 Camino Real
Redondo Beach, CA 90277

Address queries to YAC.agency@yahoo.com
or visit the YAC at <http://drugfreeteens.org>

THE YOUTH ADVISORY COMMITTEE MISSION STATEMENT

We, the Youth Advisory Committee of the South Bay Youth Project, strive to advocate healthy lifestyles amongst our fellow youth. We gather to educate and encourage youth to acknowledge social issues and try to solve them by offering alternative activities. Young adults from the South Bay can unite in volunteer opportunities to promote the betterment of our community. We plan alcohol, tobacco, and drug-free events, and donate our time to help those less fortunate. With our aspirations and collaboration, we strive to shape the lives of our future generation.

Funding made possible by:
County of Los Angeles
Department of Health Services
ADPA

The Youth Advisory Committee

OF THE SOUTH BAY YOUTH PROJECT

APPLICATION FOR COMMITTEE POSITION

There is a \$5.00 application fee for all first-time applicants.

Two references are required, and may be attached to the end of the application. (See following page)

Once your application is received, an interview may be scheduled, and is required for all successful participants.

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EVENING PHONE _____

MOBILE PHONE _____ EMAIL _____

AGE _____ GRADE _____ BIRTH DATE _____

SECONDARY SCHOOL _____

HOW DID YOU HEAR ABOUT THE YAC? _____

RELEVANT PUBLIC SERVICE EXPERIENCES _____

Please answer the following in no fewer than 150 words. Answers may be placed at the end of the application.

Why are you opposed to alcohol, tobacco, and other drugs?

What social issue do you find most pertinent to today's adolescents?

How has the Youth Advisory Committee interested you?

What qualities do you feel you offer the organization?

THE YOUTH ADVISORY COMMITTEE PLEDGE

LAST NAME

FIRST NAME

“I hereby pledge to be sober and drug-free whilst a member of the Youth Advisory Committee.”

SIGNATURE

Failure to adhere to the above statement will result in prompt dismissal from the organization.

REFERENCES

While we prefer both references to be on letterheads, personal references may be simply typed.

Personal Reference

NAME _____

WHAT IS YOUR RELATION TO APPLICANT? _____

FOR HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

HOME PHONE _____

EVENING PHONE _____

From your experience with the person in question, please evaluate his qualifications, regarding public service, as they are relevant to the YAC and discuss his competence to observe the YAC pledge.

SIGNATURE _____

Professional Reference

NAME _____

WHAT IS YOUR RELATION TO APPLICANT? _____

FOR HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

HOME PHONE _____

EVENING PHONE _____

From your experience with the person in question, please evaluate his qualifications, regarding public service, as they are relevant to the YAC and discuss his competence to observe the YAC pledge.

SIGNATURE _____