

# *Are You Interested In:*

- Participating in planning activities for youth in the community;
- Helping identify alcohol, tobacco, and other drug-use trends;
- Supporting alcohol, tobacco, and other drug-free lifestyles for peers;
- Organizing the events and Community service that **WE** want to happen.

## *Youth Advisory Committee* of the South Bay Youth Project

The Youth Advisory Committee is looking for new members to fill our positions for the upcoming year. The committee is made up of and run by high school students; we make our own agenda and plan our own activities. Any youth between the ages of 14 and 18 who presently lives in the Youth Project's service area (in the cities of Hermosa Beach, Redondo Beach, Manhattan Beach, Torrance, El Segundo, and the Palos Verdes Peninsula), and has an interest in helping the Youth Project identify alcohol, tobacco, and other drug use trends for youth may apply.

Interested individuals need to complete the attached application for the Youth Advisory Committee and return to: *South Bay Youth Project, 320 Knob Hill, Redondo Beach, CA 90277.*

Questions? Contact Mike Gervais of the South Bay Youth Project at (310) 374-6176.

**See our Website at: [www.drugfreeteens.org](http://www.drugfreeteens.org)**

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

---

# Youth Advisory Committee of the South Bay Youth Project

## Application for Committee Position

Application Fee: \$5 (non-refundable).

Mandatory Meeting will be held on: June 5th at the Hermosa Beach Community Center.

Call 310-374-6176 for directions.

Once your application is received, an interview will be required. You are required to have two references (see attached form).

*Please type or print the following information:*

**Name** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone # (Home)** \_\_\_\_\_ **(pager/cell)** \_\_\_\_\_

**School or Organization** \_\_\_\_\_

**Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

*Please answer the following questions:*

**Why are you interested in being on the Youth Advisory Committee?**

**Do you advocate alcohol, tobacco, and other drug-free lifestyles?**

**What do you feel you bring to the Youth Advisory Committee?**

**What issues do you see that are important for youth today?**

## YAC Pledge and Reference Form

Name \_\_\_\_\_  
First Last

***"I hereby pledge to be sober and drug-free while a member of the Youth Advisory Committee.."***

\_\_\_\_\_  
Signature

### ***Personal Reference***

Name: Relationship to applicant:  
How long have you known the applicant? Phone #:

*From your experience with the applicant, please comment on his or her qualifications regarding community service and attest to their commitment to the above pledge.*

---

### ***"Professional" Reference***

Name: Relationship to applicant:  
How long have you known the applicant? Phone #:

*From your experience with the applicant, please comment on his or her qualifications regarding community service and attest to their commitment to the above pledge.*