

**SACRAMENTO COUNTY
BEHAVIORAL HEALTH YOUTH ADVISORY BOARD**

APPLICATION PACKET CHECKLIST

- Completed Application – signed
- Participation Consent form – signed
- Photo, Video, Audio Consent form – signed
- Optional: Personal statement

**SACRAMENTO COUNTY
BEHAVIORAL HEALTH YOUTH ADVISORY BOARD
APPLICATION FOR APPOINTMENT**

Send original application with signature by mail **OR** e-mail to the Clerk's Office

- Mail: 700 H Street, Suite 2450, Sacramento, CA 95814
- Email: Boardclerk@sacounty.net

Full Name: _____ Pronouns: _____

Address: _____ City: _____ Zip: _____

What kind of address: () Home () Mailing () School/College () Shelter
() Other

School: _____ Grade: _____ Date of Birth: _____

Email: _____ Phone: _____

Sacramento County Supervisor District in which you reside or

go to school: _____

Locate your District here: <http://www.supervisorlookup.sacounty.net/>.

1. How did you learn about the Sacramento County Behavioral Health Youth Advisory Board?

2. Why are you interested in joining the Behavioral Health Youth Advisory Board? Feel free to share your unique perspectives and/or lived experiences.

Office Use Only

Seat # / Replaces: _____

Appointment

Expires: _____

Term Expires: _____

Please submit the following forms with your completed and signed application:

- **Participation Consent Form** completed by you
- **Photo, Video, Audio Consent Form** completed by you
 - **If you are under 18 years old:** Parent/Guardian signature is required

**SACRAMENTO COUNTY
BEHAVIORAL HEALTH YOUTH ADVISORY BOARD**

PARTICIPATION CONSENT FORM

The purpose of the Sacramento County Behavioral Health Youth Advisory Board is to advise the Board of Supervisors on behavioral and mental health issues affecting youth in Sacramento County. Participation on the Youth Advisory Board requires attendance at monthly meetings and scheduled trainings, as well as completion of individual assignments and projects.

I (full name), _____, give my permission to participate in the Sacramento County Behavioral Health Youth Advisory Board.

Emergency Contact Person(s):

Emergency Contact Phone Number(s):

Emergency Contact Email Address(es):

PHOTO, VIDEO, AUDIO CONSENT FORM

I (full name), _____, give my permission to be photographed, filmed and audio recorded with the understanding that the photos or videos may be used on a website or print publications.

Signature

Date

If you are under 18 years old:

Signature of Parent or Legal Guardian

Date