



Communities That Care Youth Adviser Position

The Youth Adviser should be willing to work with the Pueblo community through Communities That Care, a program of the Pueblo Department of Public Health and Environment.

Communities That Care is dedicated to preventing youth substance use and having youth voice in prevention efforts. The Youth Adviser is needed to share their experiences as a youth, and to work with us to guide the work of our Community Board.

Duties include:

- Provide insight and guidance on a variety of topics and issues. Assist with engaging other youth and their peers in CTC's work.
- Attend CTC's Youth Involvement and/or Outreach & Public Relations workgroup meetings once a month for 1.5 hours. Meetings are the first Friday of the month, from 9:00-10:30 AM. (There may be some months where the youth adviser goes to more meetings).
- Attend one-on-one meetings with the CTC facilitators once a month for an hour, directly after the workgroup meeting or at another time of your choosing.
- Engage with community members and organizations to facilitate youth-adult activities. Help attend and plan community presentations or events.
- Give presentations.

Requirements:

- Experience with living or working in the Pueblo community.
- Willingness to give presentations and speak publicly.
- Willingness to complete professional development trainings.
- Experience with social media preferred.
- Must be between 13 and 24 years old.
- Prepare to be committed with your time in and out of meetings.
- Have an open mind to new ideas, perspectives, and opinions.

Benefits of participating:

- We can sign off on community service hours.
- Professional development opportunities through trainings and attending meetings. Free food at most meetings.
- Compensation (in the form of gift cards) for your time.
- Make a difference in Pueblo and get the chance to influence decisions that affect you and your peers.
- Letters of recommendation for scholarship and employment.



I have read and understand the duties and requirements of being a Youth Adviser for Communities That Care.

Signature of Youth Adviser: _____

Date: _____

Please email the completed application to sarah.martinez@pueblocounty.us or hand deliver to the Pueblo Department of Public Health and Environment by Friday, April 17, 2020.

Interviews are tentatively scheduled for Friday, May 8 or 15, 2020. You will be contacted regardless of if you are interviewed and selected as an adviser.



Youth Adviser Information		
Name:	Date:	
Phone:	Date of birth:	
Email:		
Current address:		
City:	State:	ZIP Code:
School:	Grade:	
Please check the best way(s) to contact you: Cell Phone _____ Text Message _____ Email _____		
Other _____		
Commitment		
Do you participate in any other activities that could potentially result in a schedule conflict (for example a job, sports practices or games, cheerleading)? No _____ Yes _____ If yes please explain.		
Short Answer Questions		
1. Why are you interested in serving as a youth adviser?		
2. What does being a leader mean to you?		



3. What do you hope to accomplish by participating in Communities That Care?

4. Why are you interested in preventing youth substance use?

Parent/ Guardian Consent to Participate in Communities That Care
(For youth under the age of 18)

Parent Information		
Name:	Date:	
Phone:		
Email:		
Current address:		
City:	State:	ZIP Code:

By signing below, you are giving consent to the participation of your child in the program and activities involving Communities That Care (CTC) according to the following terms and conditions. Demographic information may be shared with representatives of CTC. Please initial next to each statement.



_____ I am the parent or legal guardian of the youth named above, and I fully approve and consent to my child's participation in Communities That Care and in all related activities. I understand that CTC will supervise my child's participation in these activities. I agree that I cannot hold CTC responsible for actions by my child or any damages or harm those actions may cause to my child or others.

_____ I ACCEPT or _____DECLINE for my child to appear in person, voice, video, or photographic presentation for radio, television, print, internet, or any other social media outlets as it relates to the activities affiliated with CTC.

_____ In the event that CTC is unable to contact me or unable to secure my oral consent in the case of an emergency involving my child, I hereby give CTC and its representatives permission to transport my child to the hospital and secure proper medical care and assistance for my child, including, but not limited to hospitalization, treatment, medication, or x-ray's. I further authorize any treating physicians to use his discretion on providing emergency treatment; I agree to assume the responsibility of all medical bills for any treatment provided to my child and for any other related expenses.

Emergency Contact	
Name:	
Phone:	Relationship to youth:
Signatures	
I have read this entire document. I understand it is a release of all claims. I understand that I assume all risks in any activities related to CTC.	
Signature of youth:	Date:
Signature of parent/guardian:	Date: