

Communities That Care Youth Adviser

- The youth adviser should be willing to work with the Pueblo community through Communities That Care (CTC), a program of the Pueblo Department of Public Health and Environment.
- CTC works to prevent youth substance use and relies on input from community members, including youth.

Duties

- Provide insight and guidance on a variety of topics and issues.
- Teamwork with peers and adults on projects.
- Attend CTC's Outreach and Public Relations/Youth Involvement workgroup meetings once a month for 1.5 hours. Meetings are held the first Friday of each month, from 9:00 -10:30 AM, and other meetings as needed.
- Engage with community members and organizations to facilitate activities.
- Help plan and attend community presentations or events.

Requirements

- Experience living or working in the Pueblo community.
- Willingness to give presentations and speak publicly.
- Willingness to attend monthly meetings.
- Experience with social media is preferred but not expected.
- Must be between 13 and 20 years old.

Benefits of Participating

- Community service hours.
- Professional development opportunities.
- Food at most in-person meetings.
- Compensation.
- Ability to make a difference in Pueblo and influence decisions that affect youth.
- Network with community leaders and peers.
- Letters of recommendation for scholarships and employment.

I have read and understand the duties and requirements of a youth adviser for Communities That Care.

Name: _____

Signature: _____

Date: _____

Email completed application to sarah.martinez@pueblocounty.us and moorea@pueblocounty.us, or bring a printed packet to the Pueblo Department of Public Health and Environment, 101 W. 9th Street, Pueblo, CO 81003.

Applications due Friday, August 1, at 5:00 PM.

Interviews will be scheduled after due date.

Youth Adviser Information			
Name:		Date of Birth:	
Phone Number:	Home Cell	Alternate Phone Number:	Home Cell
Email:			
Current address:			
City:		State:	ZIP Code:
School:		Grade:	
Select the best way(s) to contact you			
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Text Message	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Email
Commitment			
Are there any other activities that could potentially result in a schedule conflict such as a job, sports practices, etc?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: _____			

Short Answer Questions

Why are you interested in serving as a youth adviser?

What does being a leader mean to you?

As a youth adviser, what activities or events would you be most interested in trying to improve the community?

Explain why it's important to you to improve the community for youth?

Emergency Contact	
Name:	
Phone:	Relationship to Youth:

Signatures	
I have read this document in its entirety and understand it is a release of all claims. I understand that I assume all risks of injury in any activities related to Communities That Care.	
Signature of youth:	Date:
Signature of parent/guardian:	Date:

Parent/Guardian Consent to Participate in Communities That Care

For Youth Under the Age of 14

Parent/Guardian 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, and I agree to hold harmless and indemnify CTC and any of its sponsors, board members, employees, agents, and volunteers from any liability, (including but not limited to, liability arising from claims for negligence or other wrongful conduct) for personal injury, sickness, death, and property damage.

_____ 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-rays. I further authorize any treating physicians to use their 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.50350