# Children’s Mental Health Youth Action Board

# 2017-2018 Application Instructions

The Children’s Hospital Pediatric Mental Health Institute (PMHI) is recruiting up to 12 passionate youth (ages 15-17) to participate as members of the Children’s Mental Health Youth Action Board (YAB). The board consists of up to 15 youth from across the Denver Metro Area who are interested in improving mental health in Colorado.

**Goals of the Youth Action Board:**

1. Advise Children’s Hospital Department of PMHI on projects and materials to improve patient care.
2. Raise the awareness of child and adolescent mental health issues in the communities we serve by creating a project each year that will support social change.
3. Develop the leadership and advocacy skills of each board member.

**Applicant Qualifications:**

* A young person ages 15-18
* Interested/ passionate about youth mental health
* Able to get to and from Children’s Hospital Colorado
* Available on Tuesdays from 4:30pm-6:00pm starting October 3, 2017
* Interested in making change

**Time Commitment and Expectations:**

The Youth Board will meet every other week starting October 3rd. Meetings will be held on Tuesdays from 4:30-6pm at Children’s Hospital Colorado in the Gary Pavilion, Aurora, CO. Travel stipends are available to youth who need to travel more than 10 miles to Children’s Hospital Colorado’s Aurora campus. Each selected youth will have the opportunity to participate in the 8 hour Youth Mental Health First Aid Training that may be held on a Saturday in late November.

**Examples of past projects:**

Each year, we create a project that is intended to create change around mental health. You can see examples of our past projects here: <https://www.childrenscolorado.org/doctors-and-departments/departments/psych/youth-action-board/projects/>

**Application Process:**

Complete the attached application AND include ONE picture that says something about you, your passion for children’s mental health, your family, or your community then e-mail both the application and picture to [Heather.kennedy@childrenscolorado.org](mailto:Heather.kennedy@childrenscolorado.org) by **5pm on September 13th**. Do not send links to a Google document, I’ve had trouble accessing that in the past.

**Selection Process:**

Selection will be based on how many young people are interested. We will contact all youth applicants (regardless of whether you are selected or not) no later than September 25th. We are hoping to have a board that represents diverse perspectives, opinions, and ideas and highly encourage male youth to apply.

**Other Details:**

* Food WILL be provided at EACH meeting
* Each meeting will be facilitated by two adults, one facilitator is a licensed, board-certified therapist
* Each youth board member is expected to commit to a one year term (October 2017-June 2018)
* All events or meetings outside of the times listed above will require additional permission forms.
* Parents/guardians are invited to the first meeting on October 3rd.
* Questions? Please contact Heather Kennedy at (720) 810-7554 or at [heather.kennedy@childrenscolorado.org](mailto:heather.kennedy@childrenscolorado.org)

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Please e-mail this completed application AND include a picture that says something about you, your passion for children’s mental health, your family, or your community to [heather.kennedy@childrenscolorado.org](mailto:heather.kennedy@childrenscolorado.org) **by September 13th**. You can type or print legibly on this document.

**Full name:** **Date of Birth:** / /  **Gender: \_\_\_\_\_\_\_\_\_\_**

**Pronouns (Circle all that apply):** He/him/his She/hers They/Them/theirs Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: City: Zip:**

**E-mail:**

**Phone:** **Circle One:** Cell Home Parent’s cell

**How should we contact you? (Circle One):** Phone E-mail Regular Mail

**Which school do you go to?** **Grade:**

**List up to three extracurricular activities, clubs, sports, volunteer activities, etc for last two years:**

1. Dates of participation:
2. Dates of participation:
3. Dates of participation:

**Please respond to the following 4 questions/prompts.**

1. Tell us about your interest in mental health, and/or the YAB.
2. What changes related to mental health would you like to see in your school/your communities/the world?
3. Please tell us about one adult in your life whom you admire, and why.
4. Please tell us about the picture you chose to attach to this application\