

Contra Costa CourAGE Youth Health Coalition

APPLICATIONS DUE by FRIDAY, May 26, 2017

Mail/deliver your application to: Contra Costa County Office of Education,
ATTN: Derrick Kirk/TUPE, 77 Santa Barbara Pleasant Hill, CA, 94523

Student Information:

First Name: _____ Last Name: _____

Do you have a nickname that you prefer we use? _____

Birthday: ____/____/____ Gender (optional): _____

Ethnicity (optional): _____

Language(s) spoken at home: _____

Mailing Address: _____ City: _____ Zip: _____

Home Telephone: _____ Student Cell #: _____

Student E-mail: _____

Best way(s) to contact you (check all that apply): ☐ Home Phone ☐ Cell Phone ☐ E-mail ☐ Mail

School (2017-2018): _____ Grade (2017-2018): ☐8 ☐9 ☐10 ☐11 ☐12

Are you a member of any of these groups? (check all that apply) ☐ DROC ☐ FNL ☐ SEAYL ☐ GSA/QSA

☐ TUPE Peer Educators ☐ Other groups/clubs: _____

How did you hear about CourAGE Youth Health Coalition? _____

Which topic(s) are you interested in addressing as a member? (check all that apply):

☐ Alcohol ☐ Marijuana ☐ Tobacco ☐ Other: _____

Will you have transportation to monthly meetings? (self, parent, BART, etc.) ☐ Yes ☐ Not Sure ☐ No

Parent/Guardian Information:

Parent/Guardian Name(s): _____

Parent/Guardian Cell #: _____ Parent/Guardian E-mail: _____

Emergency Contact Person: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

* Selected applicants will receive parent permission and media release forms to submit prior to the first meeting.



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1. Why is improving your community important to you?
2. Why is the topic of alcohol, tobacco, and other drug prevention important to you?
3. What skills/abilities can you contribute to the coalition and what do you seek to gain?

Membership Agreement:

If I am selected as a CourAGE member, I understand that I will...

- ☐ Attend Leadership Retreat on Saturday, August TBD; all day.
- ☐ Attend monthly meetings on the first Tuesday of each month, from 5:00 – 7:30 pm, beginning September 5. *Additional meetings may be scheduled, depending on specific projects and activities.*
- ☐ Help plan and facilitate a countywide CourAGE event in spring 2018.
- ☐ Follow group-developed agreements.
- ☐ Assist with 2018-2019 new member recruitment.
- ☐ Receive an annual stipend (payment) of \$250, for fulfilling my membership responsibilities.

Student/Applicant Signature: _____

Date: _____



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