

**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](mailto: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: \_\_\_\_\_

3. What are one or two mental and behavioral health issues that youth in Sacramento face today, and what is one of your ideas for improving youth mental health?
  
4. What do you hope to gain from your involvement on the Youth Advisory Board?
  
5. What are your future aspirations and goals, and how might serving on the Youth Advisory Board help you with these?
  
6. A Board member will be required to meet twice a month in the evenings, with the potential for an additional training (total of about 6-8 hours per month). Do you foresee any conflicts with this commitment?
  
7. Optional: If you have any other relevant information or experiences you would like to share with the Board of Supervisors, you may attach a personal statement.

**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