



To Protect. To Prevent. To Prevail.

Youth Advisory Council

YAC

The Shelter's Youth Advisory Council will be composed of 10 youth representatives from across Collier County, ages 12-20.

Mission

To inspire social change by providing education, empowerment, advocacy, and support to the community to broaden awareness and increase prevention of unhealthy relationships and break the cycle of violence.

Focus

The YAC is focused on targeting the youth in Collier County to engage them in a social process that targets towards healthy relationships and a reduction of domestic and sexual violence.

Objective

- Provide a forum or place for youth to communicate about relevant issues they face in today's world
- Promote healthy relationships through presentations, literature, and discussion
- Put together and maintain an online venue to offer education and support to youth, and link them with The Shelter's services
- Pursue an act to mandate schools to include a healthy relationships presentation in their curriculum
- Empower young people to bring about social change



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2010 Youth Advisory Council Application Form

Please write legibly in blue or black ink and return to the contact listed below,

The Shelter for Abused Women and Children

Attention: Jaime Crossan-DeBres

PO Box 10102

Naples, Florida

34112

Fax Number: 239-775-3061

Part I: Applicant Information

Name:

Date of Birth:

Age:

Address:

City:

State:

Zip Code:

E-mail Address:

Cell/Home Phone Number:

School:

Grade:

Employer (if currently employed):

Gender:



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Signature of Personal Commitment

I have read the requirements of The Shelter for Abused Women and Children's Youth Advisory Council, for which I am applying and fully understand the time and work commitments involved. If selected as a Youth Advisory Council member, I will commit to attending all monthly meetings, activities and presentations. I will also commit to making myself available for the necessary work between meetings, activities and presentations. Exceptions for attendance will be given for illnesses or other family related emergencies. In the event of these emergencies or illness, the Council member must immediately notify the Staff Advisory of their impending absence. My signature indicates that I am willing to make a commitment with my time and effort to the goals and activities of the Shelter's Youth Advisory Council.

Signature

Date



Part II: Parental Consent

Parents Name:

Parents Address (if different from Youth):

Legal Guardian (circle one): YES NO

Cell Phone Number:

Home Phone Number:

In case of an emergency, whom may we call other than the parent?

Name:

Phone Number:

Relationship to Youth:

As the parent/legal guardian of the Youth Advisory Council member, I give permission for my child to participate in meetings, activities and presentations that may occur during school time, and in the evening when necessary with regards to the Youth Advisory Council and The Shelter for Abused Women and Children. By signing below, the parent/legal guardian is giving consent for their son/daughter to participate in the Shelter's Youth Advisory Council.

Signature and Date
