

# The Youth Partnership for Health

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## Youth Consultant Application



Application Due: **SUNDAY, MARCH 27<sup>th</sup>**

**Save the Date:** All applicants are asked to attend an in-person interview on **Saturday April 2<sup>nd</sup> from 1130pm to 2pm**

**Where:** 4300 Cherry Creek Dr. South Denver, CO 80246; Building A (SW door entrance)  
(if you are interested in applying, but can't make this date, please apply and contact Audra Bishop at [audra.bishop@state.co.us](mailto:audra.bishop@state.co.us) or call 303-692-4936)

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Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School: \_\_\_\_\_

Current Year in School:

Freshman     Sophomore     Junior     Senior     Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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**In-Person Attendance at meetings is mandatory.** Will you be able to attend meetings 1 Saturday of every month excluding July and August) from 11:00-3:00pm?

(Please Circle):    Yes    No

If **no**, why? How often would you miss meetings? \_\_\_\_\_

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PLEASE NOTE: all members, once accepted, will be compensated for mileage (and accommodations if you are traveling more than 2.5 hours one way).

Please write out your plan for getting to meetings (let us know if you need help developing one.) \_\_\_\_\_

Please respond to the following application question:

- 1. Identify a topic related to youth health and well-being that you are most passionate about and have life experience with. Tell us about this topic, why you chose it, and your experiences related to it. You can communicate this in any form that is most comfortable to you (ie: essay, video tape of you doing a spoken word of your response, video diary, photovoice, artwork, etc).**

**Youth:** My signature affirms that if my application is selected, I will make a one-year commitment to the Youth Partnership for Health, and will not miss more than two meetings. I will represent the Colorado Department of Public Health and Environment and the Youth Partnership for Health in a positive and exemplary manner.

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Youth Signature

Date

**Parent or Guardian (if under 18):** My signature affirms that I am aware and supportive of my child's application to the Youth Partnership for Health. I have read the one-page informational flyer on the YPH and I understand what will be expected of my child. **I agree with his/her time commitment and transportation plan.** I give my permission for photographs and videotape of my child to be used in Health Department publications.

Parent Comments:

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Parent/Guardian Signature

Telephone

Date