



Association for Children's Mental Health Statewide Youth Advisory Council, Youth Organizers

Council Overview

The Association for Children's Mental Health (ACMH) Statewide Youth Advisory Council, Youth Organizers (YO), encourages and motivates young people to organize and help fight mental health stigma. The Council focuses on raising awareness and making recommendations for involving youth. Youth members represent Michigan youth with mental health challenges.

Young people with a passion for mental health issues, **ages 16-23**, are eligible to participate. Interested youth with leadership potential and experience with one or more systems- including mental health, education, juvenile justice, and child welfare- are encouraged to apply. Members will be expected to serve for two years.

Meetings will be held at times and places set by the Council members. Youth Council members will be expected to participate in all Council activities via in-person meetings, through conference calls and/or video conferencing. Meetings may last up to 2 hours and may be photographed, videotaped, or recorded.

Purpose and Responsibilities

The purpose of the Youth Advisory Council:

- To advise ACMH and other state leaders about the experiences and interests of youth with mental health challenges.
- To promote youth voice in decisions impacting youth around Michigan
- For young people to develop leadership skills and become active citizens
- To create relationships between youth and adult leaders throughout the state

Roles and responsibilities of Youth Council members:

- Commitment to serve for 2 years and actively participate in Council events
- Discuss issues important to youth in their community and learn from other communities
- Demonstrate a commitment to make a change
- Attend scheduled meetings
- Work closely with other Youth Council members and adult sponsor
- Submit a report to ACMH with recommendations regarding youth related issues and council activities.

What You Can Do

If you are interested in serving on the Council, please submit a completed application. By doing so, you agree to fulfill the roles and responsibilities as described.

Additionally, each member will be paired with an adult sponsor who will:

- Serve as a mentor to you,
- Support your involvement in council activities, and
- Help connect you to leadership trainings, educational events, and development opportunities in your community.

An adult sponsor is an adult who serves as a mentor (often sponsors are employees or volunteers of youth serving organizations, therapists, coaches, neighbors, etc.). If you are selected, ACMH will work with you to identify a sponsor.

If you have questions, please contact Jessica Leese, Youth Engagement Specialist, at:

Phone: 517-372-4016

Email: acmhjessica@sbcglobal.net

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Application Form

Your Contact Information

Name: _____

Age: _____ Date of Birth: _____

Street Address: _____

City: _____ Zip Code: _____

County: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Diversity Information

The following diversity questions are **VOLUNTARY**; however, please note that the purpose of these questions is to reflect ACMH's commitment to diversity.

Check One: Male Female

Check One: American Indian/Alaskan Native Black/African American
 Hispanic/Latino Asian/Pacific
 White Other

The Council should represent youth from a diverse range of backgrounds, experience, and perspectives. Please let us know anything about your background, experience, perspectives, and any unique attributes or assets that you believe will bring variety to the group.

Short Answer Questions

Please answer the following questions.

Why are you interested in joining the ACMH Statewide Advisory Council?

Describe the qualities, traits, and skills that a leader would demonstrate.

The purpose of the council is to increase youth voice and create positive changes in the mental health community. Describe a problem or issue facing youth with mental health challenges. How might youth leaders help?

Reference

Please indicate the name of a person who could recommend you to be part of the Council. Upon receipt of your application, ACMH will contact your reference for further information.

Name: _____

Phone Number: _____

Email Address: _____

Agreement and Signature

If selected I understand that:

- I will work with ACMH to identify an adult sponsor to support me in Council activities.
- Meetings and events may be photographed, videotaped, and tape recorded.
- I am to participate in all Council activities.
- I am making a commitment to be a leader in my community.

I have reviewed the Council description, understand the expectation of Council members, and completed the application as accurately as possible.

Name (printed): _____

Signature: _____

Date: _____

What To Do Now

Send this completed application to:

Jessica Leese
Association for Children's Mental Health
6017 W. St. Joe Hwy., Ste 200
Lansing, MI 48917

Please contact Jessica with any questions at (517) 372-4016.