

System of Care Youth Advisory Council Sign-Up

Return to: mail: Cassy Blakely, 215 Centennial Mall Ste 200, Lincoln Ne 68508 – email: cblakely@nebraskachildren.org – fax: (402) 476-9486

Applicant Information

First Name _____	Last Name _____	MI _____	Age _____
Address _____	City _____	State _____	Zip _____
Home # _____	Work # _____	Cell # _____	
Email _____			

What is the best method for contacting you?

Experience

Briefly describe the experience you bring to the SOC Youth Advisory Council:

Talk about any involvement in peer-to-peer support, community groups, or efforts to improve mental and behavioral health (The group welcomes people with all levels of experience).

Support

Do you have access to transportation?

Are you parenting? (Children are welcomed at all Youth Advisory Council Meetings)

Do you have access to a phone and/or the internet to join meetings by video or phone?

It's the goal of the SOC Youth Advisory Council to make meetings comfortable, safe, and welcoming. What can we do to help you feel comfortable sharing your ideas?

I grant permission to the Nebraska Children and Families Foundation to share my name with the Department of Health and Human Services-Division of Behavioral Health as part of the SOC Youth Advisory Council membership.

Applicant Signature _____	Printed Name _____	Date _____
Guardian Signature* _____	Printed Name _____	Date _____

**If an applicant is 18 or younger, a caseworker/guardian must sign.*