

California Youth Advocacy Network 2009-2010 Youth Board Application



What is CYAN?

The California Youth Advocacy Network (CYAN) is a statewide organization dedicated to supporting youth and young adult tobacco prevention advocacy throughout California.

What does CYAN's Youth Board of Directors (YBOD) do?

- Empower California teens to fight big tobacco
- Work closely with CYAN staff to provide direction for California's statewide youth tobacco-control campaigns
- Plan statewide activities, days of action, and trainings
- Represent CYAN at various conferences and events
- Have the opportunity to facilitate workshops at these conferences, trainings, and events

What will I get from this experience?

- Develop leadership skills
- Sharpen public speaking and communication skills
- Increase knowledge of current tobacco issues
- Network with other teen advocates from around the state

What would my commitment to CYAN entail?

- Attend monthly YBOD teleconferences that take place on the first Sunday of each month
- Help plan statewide activities, campaigns, days of action, and trainings
- Attend one or two in person YBOD meetings, dates and locations TBA (expenses paid by CYAN)
- Attend CYAN sponsored trainings and events (expenses paid by CYAN)
- Stay in constant communication with CYAN staff and other YBOD members via email and phone

Applicants must be:

- California residents
- Entering the 9th-12th grades during the 2009-2010 school year
- Able to serve a 1-year term (July 1, 2009 – June 30, 2010)
- Able to check email at least once a week
- Hard working, enthusiastic, team players
- Expresses confidence in sharing their ideas and a willingness to speak up
- Committed to fighting the tobacco industry and spreading the truth about tobacco
- Willing and able to travel to in-person YBOD meetings, trainings, and conferences
 - Although every effort will be made to have nearby YBOD members travel together to CYAN sponsored events, there is a possibility that YBOD members may need to travel to an event by themselves.

How do I apply?

- Fill out the attached application and mail it to the California Youth Advocacy Network along with a signed copy of the commitment letter and two letters of recommendation
- All applications must be postmarked by **Friday, June 5, 2009**
- Applications should be sent to: California Youth Advocacy Network
ATTN: 2009-2010 Youth Board of Directors
4811 Chippendale Drive, Suite 300
Sacramento, CA 95841

For more information, please contact Karen Strach at karen@cyanonline.org or (916)339-3424 x. 21

California Youth Advocacy Network
2009-2010 Youth Board Application



Name (as appears on ID): _____ Name (preferred): _____

Gender: _____ Date of birth (month/date/year): _____

School: _____ Grade (2009-2010 school year): _____

Do you speak any languages fluently besides English, if yes which languages? _____

Mailing address: _____

City: _____ Zip code: _____

Phone (with area code): _____ Cell phone: _____

E-mail: _____ Preferred method of contact: _____

Parent/guardian name: _____

Parent/guardian phone: _____ Cell phone: _____

Parent/guardian name: _____

Parent/guardian phone: _____ Cell phone: _____

How did you hear about CYAN's Youth Board of Directors? _____

Have you attended any of CYAN's events, trainings or conferences? YES NO

If yes, which events, trainings or conferences have you attended?

Are you currently a member of a local group working on tobacco or health related issues? YES NO

Name of group: _____ Focus of group: _____

Youth coordinator/ advisor name: _____

Youth coordinator/ advisor phone number: _____

California Youth Advocacy Network
2009-2010 Youth Board Application Continued



The questions below are designed to give us a better idea of who you are. If you need extra room, please attach an additional sheet of paper to this form.

- 1) Please list three words that you would use to describe yourself.

- 2) Please list all the activities that you participate in. (e.g., youth groups, clubs, sports, jobs, etc.)

- 3) Why would you like to become a member of CYAN's Youth Board of Directors?

- 4) If selected, what talent or strength would you bring to CYAN's Youth Board of Directors?

- 5) Have you ever been involved in tobacco control and prevention? YES NO
If yes, please tell us why and how you first became involved.
If no, please tell us why you are interested in getting involved.

- 6) Is there any additional information that you would like to tell us?

California Youth Advocacy Network
2009-2010 Youth Board Commitment Letter



I understand that I am applying to become a member of the California Youth Advocacy Network's Youth Board of Directors for the 2009-2010 academic year.

As a member of the Youth Board of Directors:

- I will participate in monthly conference calls taking place on the first Sunday of each month
- I will be a leader and positive role model at all CYAN functions as well as in my community.
- I will be involved in planning statewide activities, campaigns, days of action, trainings and conferences.
- I may be asked to represent the California Youth Advocacy Network (CYAN) at various conferences and events.
- I may be asked to facilitate workshops at these conferences and events, as well as attend local meetings as a CYAN representative.
- I will stay in constant communication with CYAN staff and other YBOD members.
- I will serve a year-long term (July 1, 2009 – June 30, 2010)

Applicant Name: _____

Applicant Signature: _____ Date: _____

Parent/Guardian

I understand that my child, _____, is applying to become a member of the California Youth Advocacy Network (CYAN) Youth Board of Directors. As a member of CYAN's Youth Board of Directors, my child will help to lead a team of California youth working together to create a common voice to promote healthy lifestyles by eliminating tobacco abuse.

I understand that Youth Board of Director members are required to attend and participate in the activities listed above. I will support my child and understand that CYAN will pay for travel and lodging expenses for all CYAN functions. If my child is selected to be a Youth Board of Director member, I will be responsible for signing medical and media release forms allowing my child's participation at CYAN functions.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Application Submissions Must Include:

- Completed application form (two pages)
- Commitment letter (signed by you and your parent/guardian)
- Two letters of recommendation. Letters of recommendation can be from any adult, not related to you, who can highlight your leadership skills and experience. (e.g., teachers, advisors, coaches, supervisors, etc.)

Please mail your completed application to:

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Attn: 2009-2010 Youth Board of Directors
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