Siouxland Community Health Center
Youth Advisory Board Overview

**Purpose**

The Purpose of the Siouxland Youth advisory Board is to provide a forum for young people from the community to offer input and advice for the improvement of care at the Siouxland Community Health Center and better serve the greater Siouxland Community.

**Activities**

Siouxland Community Health Center’s Youth Advisory Board will meet on a monthly basis to discuss development strategies for SCHC and outreach strategies for involving the community in healthy living. Board members will engage their community by helping bring the services we offer outside of our doors and into the community. Board members will collaborate with SCHC staff in order and integrate health care into schools and youth-based organizations as well as develop strategies for equipping staff to better serve the youth population.

**Impact**

With an active and vocal Youth Advisory Board, Siouxland Community Health Center will have the opportunity to grow as a health care center and as a staple of the community. By empowering young people to make their voices heard and take charge of their health care needs, we can inspire a new generation to build a healthier and safer community for everyone.
Siouxland Community Health Center
Youth Advisory Board Application

First Name ___________________________ Last Name ______________________________________

Date of Birth ________________________ School ______________________________________

Gender _____________________________ Orientation ____________________________________

Race (circle all that apply):
African American   Asian American   Caucasian   Native American
Pacific Islander   Not Listed: ______________________

Ethnicity:   Hispanic   Non-Hispanic

Have you ever been a patient at Siouxland Community Health Center?
Yes   No

Applicant Contact information

Phone number __________________________________________

Secondary phone number __________________________________

Email _______________________________________________

Parent/Guardian contact information

Name __________________________________________

Relation to applicant __________________________________

Phone number _________________________________________

Secondary Phone number ________________________________

Email _______________________________________________

Name __________________________________________

Relation to applicant __________________________________

Phone number _________________________________________

Secondary Phone number ________________________________

Email _______________________________________________
Please list any school organizations and/or activities you are currently involved in.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please list any activities, organizations, or groups you are involved in outside of school.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What interests you in being a part of the SCHC Youth Advisory Board?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

References (i.e. teacher, coach, mentor, community member, etc.)

Name__________________________________________
Phone Number ____________________________________
Email___________________________________________
Relation________________________________________

Name__________________________________________
Phone Number ____________________________________
Email___________________________________________
Relation________________________________________

Applicant Signature............................................................................................................................
Date______________________________

Parent/guardian signature ________________________________
Date______________________________