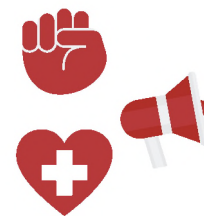


COLLABORATE. ADVOCATE. LEAD. INSPIRE.

C.A.L.I. YOUTH



A Youth Program of the California Health Collaborative





I WANT TO COLLABORATE!



CALIFORNIA HEALTH COLLABORATIVE

The California Health Collaborative (CHC) is a nonprofit organization with a mission to improve the health and wellness of all California residents, especially the under-served and underrepresented.

To work towards that mission, CHC builds capacity within California communities by offering trainings, tools, and resources.



C.A.L.I. YOUTH



C.A.L.I.

Collaborate. Advocate. Lead. Inspire.

The C.A.L.I. youth coalition strives to create positive long-lasting change in the community by advocating for policy, systems and environmental change, building partnerships, sharing knowledge, and inspiring other youth to do the same. C.A.L.I. youth work towards creating healthy communities by focusing on a core health issue such as nicotine use, marijuana use, or other drug use prevention.



Collaborate: To work together as a team towards a common goal. Collaboration requires actively listening to concerns and ideas, a willingness to find solutions when faced with challenges, a positive attitude, and creating partnerships.



Advocate: To stand up and be a voice for positive change. An effective advocate gains support and partners for the cause, thinks outside the box, and accepts setbacks while remaining motivated and professional as they move toward the goal.



Lead: To take the time to build relationships, be an example, and communicate the team's vision clearly and concisely. It can mean stepping forward or back but remaining flexible to fill in the gaps where needed. Everyone has leadership qualities that can help move the cause forward.



Inspire: To share a vision that causes a movement. A person who inspires stays true to who they are, carries a contagious passion for the cause, and can move communities towards making a positive difference.



I WANT TO ADVOCATE!



BENEFITS OF JOINING



**SKILL
DEVELOPMENT**



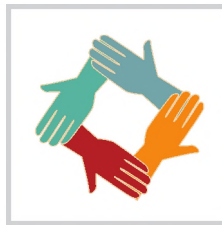
**PERSONAL
GROWTH**



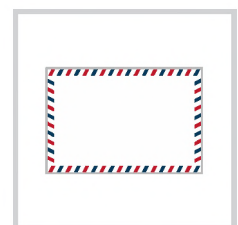
**MAKE NEW
FRIENDS**



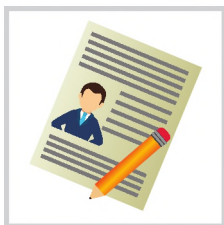
**MAKE AN
IMPACT IN YOUR
COMMUNITY**



**NETWORKING
OPPORTUNITIES**



**LETTERS OF
RECOMMENDATION**



**RESUME
BUILDING**



**OPPORTUNITIES
FOR TRAVEL**



FREE SNACKS!



I WANT TO LEAD!



Youth coalition members will have the opportunity to participate in a wide variety of fun and engaging activities. These activities are designed to build leadership, communication, and collaboration skills. All of these activities are free and at no cost for youth.



Free Trainings

Receive free training from staff on leadership, communication, and other skills.



Community Outreach

Educate the community at meetings and local events.



Peer to Peer Education

Reach out to your peers and raise awareness at school.



Meet Local Leaders

Meet with local lawmakers and educate them on issues in your community.



Leadership Summit

Attend a leadership summit to meet advocates from other communities.



C.A.L.I. YOUTH APPLICATION

Full Name: _____

School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

Pronouns: She/Her/Hers He/Him/Him They/Them Other: _____ Age: _____

Ethnicity: (Select all that apply.) American Indian/Alaskan Native African American/Black

Hispanic/Latino White Asian/Pacific Islander Other, please describe: _____

For each day, fill in your availability. From what time to what time will you be available?

Please include A.M. and P.M.

MON	TUES	WEDS	THURS
FRI	SAT	SUN	

EMERGENCY (PARENT/GUARDIAN) CONTACTS

Full Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____



I WANT TO INSPIRE!

Special Needs:

Dietary Needs: _____

Medications: _____

Allergies: _____

Others: _____

Please provide a response to the following question (3-4 sentences minimum):

What is your favorite thing about your community, and what interests you in improving your community?

Blank area for providing a response to the question.

This youth coalition can be a great place to learn, have fun, develop new skills, and so much more, and it works the best when everyone is committed and excited to work together as a group. As a part of the youth coalition, here are a few group expectations all members should be ready to do!

- Attend weekly meetings
- Participate in group activities
- Come to meetings and activities ready to make a difference!
- Communicate with CHC staff regarding meetings, attendance, and group activities in a timely manner
- Give feedback about your experience and satisfaction with the youth coalition and trainings
- Follow the group rules and respect others
- Be ready to learn, grow, and have fun!

DEAR PARENT OR GUARDIAN:



Your child, _____ (Full Name) is invited to become a part of the C.A.L.I. (Collaborate. Advocate. Lead. Inspire.) Youth Coalition under the California Health Collaborative (CHC). This opportunity will allow your child to participate in public health efforts to improve the health of the community. By becoming a part of our team, your child will gain access to local and statewide activities that will build their leadership, creativity, and communication skills.

Your consent is required to allow your child to participate in the following:

- Attend weekly meetings after school.
- Attend events and activities with CHC staff.
- Receive reminders about meetings and events by staff.
- Snacks and office supplies will be provided at meet ups or mailed to the address provided in the application.
- Participate in evaluation of the program.

Should you have any questions or concerns, please contact us. Thank you for your time and consideration.

Sincerely,

THE CHC TEAM

I have read the letter and understand the requirements for my child, _____ (Full Name) to participate in this program. I give permission for my child to participate in any C.A.L.I. Youth Coalition activities and events.

Full name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



RELEASE FORMS



MEDIA FORM

CONSENT TO PHOTOGRAPH, AUDIO, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE.

Student Name: _____ Age: _____ School: _____

I, _____ (parent or legal guardian), hereby consent to the participation in interviews of, and the use of quotes spoken by, and the taking of photographs, audio, and video of, the student named above, which actions may occur at both in-person and online events, by the California Health Collaborative (CHC). I hereby grant CHC the right to edit, use, and reuse said interviews, quotes, photographs, audio or video for any purpose and without limitation, including use in print, on the internet, and all other forms of media. I hereby release CHC, its agents and employees, from all claims, demands, and liabilities whatsoever arising from or in connection with CHC's actions hereunder.

Signature of Parent/Guardian: _____ Date: _____

TRANSPORTATION FORM

On special occasions, CHC Staff will need to transport youth to and from program activities.

I, _____ (parent or legal guardian), give permission for _____ (student name) to be transported by CHC staff to and from program activities. I, on behalf of myself and my child(ren) or ward(s), do hereby fully release and discharge CHC, its agents and employees, from all claims, demands, and liabilities whatsoever arising from or in connection with CHC's transportation of the above-named student. I, on behalf of myself and my child(ren) or ward(s), do hereby waive any and all claims which may have or may acquire or which may accrue to me, my heirs, my guardians, administrators, executors, or assignee's, including attorney fees and court cost arising out of or in connection with CHC's transportation of the above-named student..

Signature of Parent/Guardian: _____ Date: _____

GENERAL RELEASE OF LIABILITY

I, on behalf of myself and my child(ren) or ward(s), hereby fully release and discharge CHC, the California Department of Public Health, and its and their programs and employees or agents, from all claims, demands, and liabilities whatsoever arising from or in connection with any injury or sickness my child may incur during this program. I, on behalf of myself and my child(ren) or ward(s), do hereby waive any and all claims which may have or may acquire or which may accrue to me, my heirs, my guardians, administrators, executors, or assignee's, including attorney fees and court cost arising out of or in connection with my child's participation in such program.

Signature of Parent/Guardian: _____ Date: _____



RELEASE FORMS



VIRTUAL CONSENT FORM

Dear CALI Youth Parent/Guardian:

We are providing web-based learning experiences through which program staff will facilitate program activities through online web-based platforms. The California Health Collaborative (CHC) will use virtual communication applications provided by a third party that members, parents/guardians and/or staff will access via the Internet and use for purposes of communication and programming. These platforms may include Zoom, Google Hang Outs, and Microsoft Teams, among others. This letter seeks consent for your child (or ward) to utilize the online applications for web-based program purposes. These platforms provide an opportunity for CHC to deliver video, audio and chat-based educational experiences to members via various digital devices. Please be aware that these platforms may collect information about users and may have separate (non-CHC) privacy terms and conditions to which members must adhere. In order to participate in web-based program experiences, your student will need the following: (1) a computer, cell phone, or tablet with access to the Internet, and (b) a quiet space at home from which members can participate in web-based program experiences. Some of these platforms may require your student to provide personal information, including, but not limited to: an email address and first and last name. CHC will utilize these third party web-based platforms for the following anticipated program activities: group chats, video conferencing, media sharing (for example, uploading images of artwork or other projects), providing program information and promotional materials including print and video. CHC will also conduct programming by phone in circumstances where members may not have access to the Internet. CHC's commitment to keep the young people we serve safe is always our number one priority. Accordingly, CHC will actively monitor member activity on these third party web-based platforms and will make every effort to protect member information by, among other things: (1) maintaining control of, and access to, the data collected; (2) prohibiting re-disclosure of member information; (3) limiting the purposes for which the online platforms may use member information; (4) ensuring members are not exposed to advertising (excepting advertising promoting the third party platform); and (5) that no member's information is shared for commercial purposes. By signing below, I acknowledge reading the above, and hereby release CHC and forever waive all claims against CHC arising from the use of the referenced third party platforms by my child(ren) or ward(s).

Signature of Parent/Guardian: _____ Date: _____

On occasion, CHC may also record or take photos of your student on these platforms solely for purposes of transcribing meeting notes (these recordings will be immediately deleted upon completion of the transcription), creating promotional materials for non-profit purposes, or for documenting student participation for grant purposes.

I consent to the recording or photography of my student during web-based programming.

Signature of Parent/Guardian: _____ Date: _____