



recognizing depression • preventing suicide

Youth Advisory Board Application

LifeAct YAB members & volunteers are vital to LifeAct’s success. If you choose to participate as a YAB member with LifeAct, you will help reduce stigma about mental illness, prevent teen suicide, help young people enjoy healthy, productive lives and support survivors of suicide.

Name _____ Date of Birth (mm/dd/year) _____ (Circle one) M F

Address _____ City _____ State _____

Zip _____ Home Phone (___) _____ Cell (___) _____ Email _____

High School Attending _____ Grad Year _____

Address _____ City _____ State _____

Zip _____ Cell Phone (___) _____ Email _____

Are you a Survivor of Suicide Loss? (Circle one) Yes No

Person lost to suicide _____

Relationship _____ Date of Loss (mm/dd/year) _____

Where are you in your healing journey? _____

Why do you wish to serve as a YAB Member? _____

What skill sets do you bring to LifeAct? _____

YAB APPLICATION (continued)

Do you belong to other organizations or school clubs? (Circle one) Yes No

If yes, list the organization(s) and describe your experiences _____

Other relevant experience and/or comments

There are many opportunities for our YAB members to obtain volunteer hours and get involved. Please select those that best suit you.

- Helping in our office
- Helping with marketing projects
- Writing for our newsletter
- Distributing literature to publicize our events
- Serving on committees for our events
- Helping develop social media campaigns

Applicant signature _____

Date (mm/dd/2015) _____