



**LifeAct**  
**(formerly known as Suicide Prevention Education Alliance - SPEA)**  
**Youth Advisory Board – Commitment Form**

By agreeing to serve as a member of LifeAct's Youth Advisory Board, I agree to the following:

1. I am committed to LifeAct's mission to prevent suicide by teaching young people to recognize the warning signs of suicide and to seek professional help for themselves and others. I understand that LifeAct does not provide direct therapy or counseling to anyone who is experiencing any mental health challenge, including risk for suicide. I, too, will not engage in any kind of counseling. Instead I will follow LifeAct's guidelines for getting help from a mental health professional for anyone in need.
2. I will let my parents, guardians, guidance counselor, LifeAct advisors, or some other trusted adult know if I am experiencing any kind of emotional difficulty, including as a result of attending meetings or engaging in any other Lifeact or Youth Advisory Board activity.
3. I will attend LifeAct's training session for new YAB members.
4. I agree that it is very important that I attend the Youth Advisory Board meetings. I will RSVP in advance to [savealifeboard@gmail.com](mailto:savealifeboard@gmail.com). If there is a meeting-day emergency, I will contact a LifeAct advisor by phone.
5. I will respond on a timely basis to any communications from LifeAct.
6. I agree that I will be active in Youth Advisory Board activities, including attending LifeAct events and providing input on LifeAct programming. Attending meetings is only one part of my commitment.
7. A pattern of missing meetings or failing to respond to LifeAct requests for participation or assistance will trigger a good faith effort by LifeAct advisors to rectify the pattern. Failure after that will result in a dismissal from the Youth Advisory Board. I understand that I need to take the responsibility of letting the LifeAct advisors know if there is anything interfering with my attendance or ability to participate.
8. I will not engage in any illegal activity, such as consuming drugs or alcohol or smoking, or engage in any harassing behavior, while attending any LifeAct or Youth Advisory Board event or while representing the Youth Advisory Board or LifeAct. Such activity will result in dismissal from the Youth Advisory Board. I will immediately contact a LifeAct advisor or Executive Director if I am aware of any Youth Advisory Board member engaging in illegal activity.

9. I understand that when serving in my capacity as a YAB member, I represent LifeAct, and I will keep my language profanity-free, I will wear proper attire, and will generally act in a way that is appropriate. Certain inappropriate behavior might result in dismissal from the YAB.
10. I agree to be respectful of every YAB member and I will keep confidential all disclosures of personal information concerning current, past, or prospective YAB members.

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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of YAB Member: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_