



Youth Advisory Board – All You Need to Know!

LifeAct's Mission: Suicide Prevention, for Life!

The mission of LifeAct is to prevent suicide by educating young people to recognize the warning signs of suicide and to teach them how to come forward seeking professional help for themselves and others. Teaching lifesaving skills that can be used throughout their entire life!

What LifeAct Does: Teaches teens to be the “first line of defense” in preventing suicide by delivering its proven two-day program, *Recognizing Teen Depression and Preventing Suicide* in more than 180 Northeastern Ohio schools. Our goal is to cause at-risk students to seek and receive treatment from a mental health professional, as treatment is life altering and often lifesaving. We have recently developed a middle school program that focuses on age appropriate influences that create the greatest stress on middle school students that can become drivers of depression.

Number of students served annually: more than 25,000 **Number of schools served:** 189

LifeAct Contact Information:

210 Bell Street (upstairs)
Chagrin Falls OH 44022
216.464.3471

What the Youth Advisory Board Does: The Youth Advisory Board supports LifeAct's mission by serving as consultants and ambassadors for LifeAct by engaging in awareness building and fundraising activities as well as provide input on marketing outreach materials and programming in the schools. *The YAB is not a peer-to-peer counseling group. If you are concerned about someone or yourself, seeking help from a trusted adult is the best way to prevent suicide!*

Examples of YAB Accomplishments:

- Created and filmed AMAZING awareness-raising videos
- Engaged in teen outreach for and at LifeAct's annual *Into the Light Walk*
- Designed a YAB t-shirt that was worn during outreach efforts
- Designed and sold lanyards & bracelets as a fundraising activity

YAB Member Term of Service: YAB member terms are renewed on an annual basis. If a member is active and wants to continue serving, he or she may do so throughout the high school years.

YAB Officer Positions:

School Year: 2018-2019

We currently looking to fill the following positions:

- President (runs meetings)
- Vice-President (works with new members)
- 2 Special Project Chairs (members will help with special projects such as videos, and the walk)
- Secretary (takes notes and sends out to YAB members within a week of meeting)
- Social Media Chair (In charge of updating YAB Instagram and Twitter at least once a week)

Officer Positions are chosen by the YAB Advisors. If you are interested in any of the above positions, please complete the Google form that will be sent out after the first meeting! YAB Officer Positions are chosen at the start of every new school year.

Methods of Communication:

- Email (savealifeboard@gmail.com)
- group me app (Please download the app and add each other)

Please check your email & social media often! We communicate both platforms to be sure we reach everyone. PLEASE let us know if you are not able to attend meetings or social functions. Please respond to email requests in a timely matter. THANK YOU!

Social Media: PLEASE LIKE, FRIEND AND FOLLOW US ON ALL SOCIAL MEDIA ACCOUNTS

- Facebook: facebook.com/lifeact.neohio/
- Instagram: lifeact_neohio
- Twitter: @lifeact_neohio
- Linked In: LifeAct of Northeast Ohio
- YAB Twitter: @YABLifeAct
- YAB Instagram: yablifeact
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Youth Advisory Board Advisors:

Alexa Krahe, LifeAct Staff (Marketing Coordinator & YAB Leader) akrake@lifeact.org

Chelsie Froning, YAB Co-Advisor

Olivia Giavonette, YAB Co-Advisor

Kris Amendola, LifeAct Staff (Marketing Director & YAB Co-Advisor) kamendola@lifeact.org

Advisors Contact Email: savealifeboard@gmail.com

Current Number of Youth Advisory Board members: 38

Schools represented on the Youth Advisory Board: 11

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 _____ 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 will you bring to LifeAct? _____

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

YAB APPLICATION (continued)

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/year) _____

LifeAct
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 agree that it is very important that I attend the Youth Advisory Board meetings. I will RSVP in advance to savealifeboard@gmail.com. If there is a meeting-day emergency, I will contact a LifeAct advisor by phone.
4. I will respond on a timely basis to any communications from LifeAct.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.

LifeAct
Youth Advisory Board – Commitment Form

Date: / /

Signature of YAB Member: _____

Print Name: _____

Signature of Parent/Guardian: _____

Print Name: _____

LifeAct
Youth Advisory Board – Photo and Name Consent Form

Dear Parent or Guardian:

LifeAct requires that the parent or guardian of all LifeAct Youth Advisory Board members complete this form.

NOTE: LifeAct Youth Advisory Board members who are over 18 years of age complete a separate form.

We seek your permission to utilize your child’s name, photo or any video of your child on LifeAct’s web site, in a press release, or in any other LifeAct publication.

Please complete the following, sign and return to LifeAct. If you have any questions, please contact our office at 216.464.3471.

_____ I give permission for LifeAct to use my child’s likeness in any photo or video publication, including on its web site and I understand I will receive no compensation for this permission or any publication, and that the liability waiver form I signed applies to video and photo shoots.

_____ I DO NOT give permission for LifeAct to use my child’s likeness in any photo or video publication.

_____ I give permission for LifeAct to use my child’s name in any publication, including on its website.

_____ I DO NOT give permission for LifeAct to use my child’s name in any publication, including on its website.

Date: _____ / _____ / _____

Signature: _____

Print Name: _____

LIFEACT – YAB SOCIAL MEDIA/ ELECTRONIC COMMUNICATION POLICY

1. The LifeAct-YAB Facebook Group is a YAB members-only forum for communication, idea-sharing, and collaboration on YAB-related matters, activities and projects.
2. The LifeAct Commitment you and your parents signed applies to all LifeAct and YAB social media and electronic communication. Please review the attached copy.
3. If any YAB member believes any LifeAct YAB Facebook activity, email, text, twitter, or any other electronic communication is inappropriate or feels uncomfortable about any posting, please contact the Co-Advisors or the Executive Director at savealifeboard@gmail.com or call LifeAct at 216.464.3471.
4. The LifeAct Facebook Group, email, text, twitter, or any other LifeAct YAB electronic communication is not a place to seek or give emotional support or advice. If you are experiencing any emotional difficulty, or you know someone else in crisis, please immediately inform your parents, guardians, or another trusted adult.
5. The LifeAct -YAB Facebook Group will be checked regularly for everyone's protection. A member can lose Facebook Group privileges and YAB membership for unacceptable conduct concerning any form of electronic communication.
6. At all times, YAB members must feel safe and respected using the LifeAct YAB Facebook Group, email, text, twitter or any other form of electronic communication. LifeAct does not discourage criticism or healthy disagreements; however, LifeAct does expect each YAB member to communicate in a civil manner.
7. The following are examples of conduct that will not be tolerated:
 - ⚡ Making statements that are sexually explicit or grossly offensive, including blatant expression of bigotry, racism, hatred, or profanity.
 - ⚡ Engaging in abusive, defamatory or harassing behavior or insults or personal attacks or threats of harm to anyone or promoting physical harm or injury to any group or individual.
 - ⚡ Promoting or providing information about illegal activities.
 - ⚡ Attempting to post or use computer programs that contain destructive features, including but not limited to: viruses, worms, Trojan horses, bot script.
8. YAB members cannot post anything that is unrelated to YAB without first obtaining permission of the YAB Co-Advisors and must avoid activities that infringe upon anyone else's copyright(s).

Print Your Name: _____

Sign Your Name: _____

Date: _____

LifeAct
Youth Advisory Board – Consent Form and Emergency Medical Authorization Form

DIRECTIONS: *Parent/Guardian must complete his/her part of this form for LifeAct Youth Advisory Board Member to be allowed to participate in all LifeAct and Youth Advisory Board activities*

THIS FORM REQUIRES SIGNATURES ON EACH SIDE

Child's Name	/ /	Age
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LifeAct and Youth Advisory Board Activities

I grant permission for my child, _____ to attend all LifeAct and Youth Advisory Board related activities.

As the parent/guardian, I, _____, agree to release and hold harmless LifeAct, LifeAct, and/or LifeAct Board of Trustee members from any and all liability, loss, damages, claims or, actions for bodily injury and/or property damages in accordance with current State and Federal law, arising out of participation in any YAB or LifeAct event, meeting, or activity, including travel to and from YAB and LifeAct meetings, events and activities.

Signature of Parent/Guardian	/ /
Date	

MEDICAL EMERGENCY CONTACTS + AUTHORIZATION

(Name of Parent or Guardian)	(Home #)	(Cell #)
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(Name of Parent or Guardian)	(Home #)	(Cell #)
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(Name of OTHER emergency contact)	(Home #)	(Cell #)
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SEE OVER

(Name of Doctor)

(Phone #)

(Hospital)

(Name of Medical Specialist)

(Phone #)

(Hospital)

(Name of Dentist)

(Phone #)

Either Part I or Part II must be completed.

√ **Part I (Consent for Treatment)**

I hereby given consent for the medical care providers listed within to be called. In the event reasonable attempts to contact parent(s)/guardian(s) listed above have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted are listed below:

____/____/____

(Signature of Parent/Guardian)

(Date)

(Address)

√ **Part II (Refusal to Consent)**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish LifeAct to take no action or attempt to provide any medical attention.

____/____/____

(Signature of Parent/Guardian)

(Date)

(Address)

SEE OVER