

**Apply to be a member of the 2018-2019**

**Youth Council for Suicide Prevention!**

Suicidal thoughts, suicide attempts, and completed suicides are far too common among teenagers. The Emergency Department at Cincinnati Children’s wants to be part of the solution, and we need YOUR help!

The Youth Council for Suicide Prevention is a small group of diverse teenagers from local high schools who are committed to improving the health and well-being of Cincinnati youth by preventing suicide. In previous years, members developed a suicide prevention video, presented at local conferences and high schools, and conducted their own research and projects.

Youth council members are selected through an application and interview process. We meet approximately 2 times per month. Attendance is mandatory. Members may receive service learning hours for their participation in the meetings (if accepted by their school).

If you are interested in being a member of or have questions about the Youth Council for Suicide Prevention, please email us at CincyYCSP@gmail.com or contact:

Kristen Haddad

 (845) 522-1579

Applications are accepted on a rolling basis.

**Application Instructions**

To apply, you must complete the application form. A letter of recommendation form is optional, but preferred.

1. Complete, sign, and date the application.
2. Your reference should complete, sign, and date the recommendation letter.
3. Submit your application and recommendation letter together by email to CincyYCSP@gmail.com.

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| --- | --- |
| **Name:**  |  |
| **Address:** |  |
| **Cell Phone:**  |  | **Home Phone:**  |  |
| **Email Address:**  |  |
| **High School:**  |  |
| **Grade Next Year:**  |  | **Age:**  |  |

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| --- |
| **Employment—Are you currently working?**  |
| **From – To** | **Place of Employment** | **Position** | **Typical Hours Worked** |
|  |  |  |  |
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| --- |
| **Extracurricular Activities—Please list membership in community, religious, social, athletic, and school organizations.**  |
| **From – To** | **Activity/Organization** | **Responsibility/Position Held** |
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**Please answer the following 4 questions, and limit each response to 200 words. (It is preferred that responses are typed.)**

1. Why do you think suicidal thoughts, suicide attempts and deaths by suicide are so common among teens here in Cincinnati? What do you think a youth council could do about it?
2. What do you consider your most important accomplishment?
3. What has been your biggest challenge, and how have you dealt with it?
4. Why should YOU be selected to be a member of the Youth Council for Suicide Prevention at Cincinnati Children’s? Why is suicide prevention important to YOU?

**Attendance Requirements**

There will be approximately 15-18 meetings conducted from September 2017-June 2018. Members of the Youth Council for Suicide Prevention are expected to attend and fully participate in all council meetings. We understand that occasionally a conflict may arise; in that situation, we expect council members to notify us that they will not be able to attend.

Below are the basic rules about attendance:

1. Inability to attend a meeting will be reported to one of the council moderators as soon as possible.
2. Anyone who misses more than 3 meetings without notice or reason may be asked to withdraw from the council.

Are you willing and able to fulfill this attendance commitment? YES NO

**Commitment Statement**

*I understand the purpose of the Youth Council for Suicide Prevention and if I become a member I will devote the time and energy necessary to make it a successful experience.*

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Candidate’s Signature Date

**Letter of Recommendation**

Please ask someone who knows you and who can speak to your leadership potential to complete a letter of recommendation. Please list their contact information below:

|  |  |
| --- | --- |
| **Name:**  |  |
| **Phone Number:** |  |
| **Email Address:**  |  |
| **School/Company/Organization:**  |  |
| **Relationship to Applicant:**  |  |