



WeberMorgan Governing Youth Council

Member Welcome:

Welcome to Governing Youth Council for 2024-2025. We are so excited to have you! Please look over the following application form and return all signed documents back to Amanda Jones. Thank you!

Mission Statement:

The Weber-Morgan Governing Youth Council (GYC) is a county-wide networking youth group which plans and coordinates community activities to promote healthy lifestyles, builds leadership skills that prepare youth for college, work, and life, and educates peers and community leaders about issues facing today's youth.

Program Objectives:

- Reduce the use of substances among youth.
- Promote healthy living among teens through policy and environmental change.
- Create communities that support and reinforce healthy social norms.
- Bring about positive social change in cooperation with school, local and state leaders.
- Increase the number of youth involved in policy development.
- Increase protective factors, including the ability to make healthy decisions.

What will I be doing if I am Involved:

Members of GYC advocate for positive change in the community by educating community leaders and decision makers at the state and local level. They are involved in planning and attending community events where they educate and advocate for positive teen lifestyles. GYC members are

also involved in planning and facilitating a community project to bring more awareness to the issues teens are currently facing.

2023-24 Weber-Morgan Governing Youth Council

Mail, e-mail or deliver **completed** application to:

Weber-Morgan Health Department
Attention: Amanda Jones
455 23rd St
Ogden, Utah 84401
801.399.7192
ajones@webercountyutah.gov

(Please print)

APPLICANT'S NAME:

_____/_____/_____
First MI Last

HOME PHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN'S NAME(S): _____

PARENT/GUARDIAN'S EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

AGE _____ DATE OF BIRTH _____

SCHOOL _____ 2022-2023 GRADE _____

EMERGENCY CONTACT: _____ PHONE:(____) _____

SHIRT SIZE (Adult Sizes): _____

FOOD ALLERGIES OR SENSITIVITIES: _____

***Please describe 5 ways you have displayed your ability to be an advocate for yourself and others.**

2024-25 Weber-Morgan Governing Youth Council

YOUTH CODE OF CONDUCT

I _____, agree to abide by the following Code of Conduct and am aware that any infraction of the code will result in my dismissal of a Weber-Morgan Governing Youth Council Representative. In the event that it is determined that I have violated the code, I will be put on temporary probation until determined by peers and advisors.

- The possession and/or use of weapons, tobacco products, alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking these items are prohibited.
- Sexual contact at any event or activity, which occurs within the time frame of the Governing Youth Council Representative position.
- Any behavior that violates any of the laws of the United States, of the State of Utah, or any local ordinance is also prohibited.
- The attendance and punctuality of scheduled activities during the Governing Youth Council Representative position.
- There is a commitment to fulfill all expected requirements and activities.
- Show respect for others and do your best to be a positive example at all times.

I understand that I will be expected to attend all monthly meetings either in person or virtually. I also understand that I will be expected to attend all trainings and activities. If I am unable to attend a meeting or activity I will let one of the advisors know prior to the event.

I understand that I will be responsible for providing my own ride to and from the meetings and other activities. I also understand that I may be asked to miss school occasionally for GYC activities. The majority of correspondence will take place over email so I agree to have access to a computer with an email account.

Youth's Signature

Date

Youth's Name (Please Print)

Parent or Legal Guardian's Consent

Governing Youth Council Activities & Photo Release

I, the undersigned parent or legal guardian, gives my permission for my child to participate in various Governing Youth Council Activities throughout the 2023-2024 school year. I understand that my child will be involved in some physical activities as well as educational activities. I also understand that my child will be responsible for their own transportation to these various events.

The parent or legal guardian will save harmless the State of Utah, Division of Substance Abuse, Weber-Morgan Health Department, and its agents and employees from and against all claims, demands, damages, and causes of action of every kind of character on account of personal injuries, death, or damage to property arising because of, out of or in any way connected with, the Governing Youth Council activities.

The parent or legal guardian assumes liability for any personal injury or property damage arising from their child's participation in the activities associated with the Weber-Morgan Governing Youth Council.

I also give permission to the Governing Youth Council and its associated partners to record and photograph the image and/or voice of my child for the purposes of publicity, reports, and/or promotion. I understand and agree that these audio, video, film and or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees.

Youth's Name

Date

Parent or Legal Guardian's Signature

Date

Weber County Volunteer Application

2380 Washington Blvd, Suite 340 Ogden, Utah 84401 (801) 399-8623

Department: Weber-Morgan Health Department

Program/Service: Health Promotion – Tobacco Prevention & Control Program

Volunteer Duties: Advocate for positive change in the community by educating community leaders and decision makers at the state and local level. GYC members are also involved in planning and attending community events where they educate and advocate for nicotine/tobacco-free lifestyles.

Name: _____

Address: _____
 Zip Street City State

Telephone #: _____ **Date of Birth:** _____

Can you perform the Volunteer duties of this volunteer position without special accommodations for a disability or health concern? YES ___ NO ___
(Answering No does not automatically disqualify you for volunteer status)

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to Applicant: _____

I hereby certify that all information made in this application is true. I understand that I am required to abide by all rules and regulations, police and procedures of Weber County Corporation.

Signature: _____ Date: _____

If I am accepted as a Weber County volunteer, I agree to perform the volunteer duties as specified on my selected Volunteer Duties description, to the best of my ability and in a professional manner. I will appreciate constructive feedback. If problems arise such as scheduling, I will notify my supervisor as soon as possible before my assigned shift.

CONFIDENTIALITY:

I agree to maintain the same strict confidentiality in the performance of my volunteer duties that is expected of the paid staff.

RELEASE:

While performing volunteer assignments and duties, the undersigned volunteer (unpaid worker), authorized by the Division Director, shall be deemed an employee of Weber County only to the extent provided for under the Utah Volunteer Governmental Workers Act, U.C.A. 67-20-101 et seq., which provides the following protections:

- A. Medical Benefits under Worker's Compensation for any injury sustained while engaged in performance of any service;
- B. Properly licensed operation of County vehicles or equipment;
- C. Liability protection normally afforded salaried employees.

If I, as a Weber County volunteer, sustain injury, cause injury to another person, or damage county property or property of another person while performing volunteer duties, I shall immediately report such injury or damage to my volunteer supervisor and cooperate fully with Weber County Attorney's Office in reporting and investigating such claims.

With this knowledge, the undersigned volunteer hereby releases Weber County, its agents and employees from any liability or obligation arising from, or in connection with, the undersigned's Volunteer Activities with Weber County other than stated above.

I have read harassment, discrimination, & retaliation information. _____ (initial)

If necessary, I have submitted a Statutory Ethical and Disclosure form. _____(initial)
For more information on the Weber County policies, please go to <http://www.webercountyutah.gov/HR/policies/> .

I have read and understand the above conditions.

Volunteer Signature: _____

Parent or Guardian signature if under 18: _____

Signature of Agency Representative: _____ Date: _____

Elected Official/Department Head: _____ Date _____

Human Resources: _____ Date _____