#

# Application For Oregon Health Authority Youth Advisory Council

# APPLICATION FOR YOUTH

**OHA strongly encourages applicants to share the opportunity with and seek support of a parent or guardian and/or other trusted adult (other adult family member, teacher, person of faith, youth worker or advocate, etc.) while serving on the council.** At this time, parental/guardian consent for youth participation is not required, as it is not required by state law, and OHA wants to provide the opportunity for all youth to participate. However, the council may discuss sensitive and difficult subjects (including trauma, mental health and other impacts of the pandemic). OHA will provide mentorship and support opportunities, and we will strongly encourage all youth applicants to involve their trusted adults/family and community support systems in the process.

1. **First and Last Name**

Click or tap here to enter text.

**2.) Preferred Name (ex. Kathryn -> Kate)**

Click or tap here to enter text.

**3.) Pronouns**

Click or tap here to enter text.

**4.) Age**

Click or tap here to enter text.

**5.) Contact Information (\*=Required)**

**Address:** Click or tap here to enter text.

**Address 2:** Click or tap here to enter text.

**\*City/Town:** Click or tap here to enter text.

**\*State/Province:** Click or tap here to enter text.

**Zip/Postal Code:** Click or tap here to enter text.

**Country:** Click or tap here to enter text.

**\*Email Address:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**School you attend if applicable:** Click or tap here to enter text.

**6.) Do you participate in any community organization(s)? Are you a representative of a community organization(s)?**

Click or tap here to enter text.

**7) If yes, what organization(s)?**

Click or tap here to enter text.

**8.) We aim to develop a youth advisory council with youth from a variety of backgrounds in terms of race, ethnicity, gender, sexual orientation, immigration status, disability/ability, and lived experience in rural and metro communities. Please tell us a little about yourself. What lived experiences, identities, perspectives, skills, and/or knowledge would you bring to the Oregon Health Authority Youth Advisory Council (400 words or less)?**

Click or tap here to enter text.

**9.) How has COVID-19 impacted youth in your school and/or community (250 words or less)?**

Click or tap here to enter text.

**10.) What do you think the OHA Youth Advisory Council can do to support health equity and recovery for youth (250 words or less)?**

Click or tap here to enter text.

**11.) Accessibility and accommodation: The following question is optional and will only be used to better prepare OHA in providing accessible council activities.**

**We want to support you and your ability to participate. What supports or accommodations, if any, would you need to participate? Check all that apply and please include “none” or “NA” in the text box if not applicable.**

[ ]  Information technology (laptop, WiFi hotspot, etc)

[ ]  Software or hardware for visual or audio accessibility

[ ]  Interpretation services (including American Sign Language)

[ ]  Other, please describe: Click or tap here to enter text.