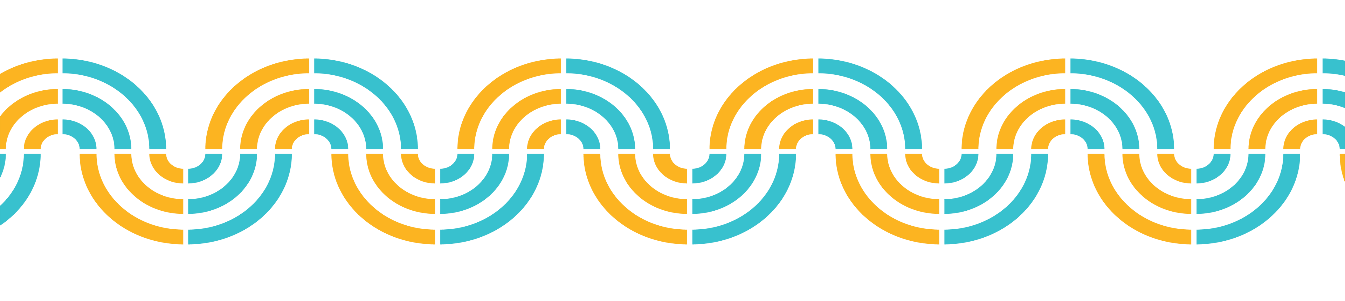


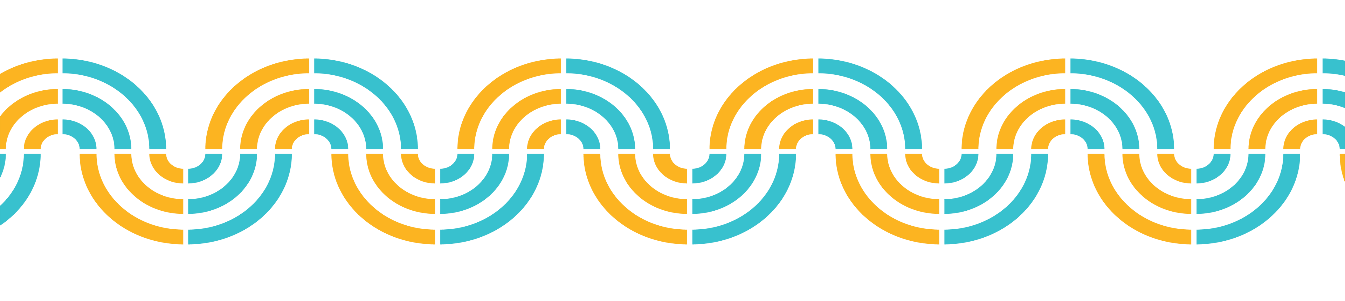
**Youth Council Summer Project:**

**Pandemic Recovery Youth Lab**

**Young people have been disproportionately affected by the long-lasting consequences of the pandemic. We want to empower and learn from local young people on how best to enhance our service delivery to cultivate resiliency during this challenging time.**

**Project Goal: Enhance existing BBBSCV programming to strengthen mental health and wellbeing for children/youth (mentees). This may include strategies, activity ideas, collecting resources for matches, and developing and then facilitating youth-led workshops to offer to mentors.**

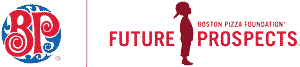
**Eligible age: 12-30**

**Time commitment: June 28 – Sep 3 (average 2 hours/week which equals 20hrs over the summer)**

**Phase 1 Skill Development (June 28 – July 23): Participate in workshops/meetings to learn about elements of positive mental health (from experts at various community organizations)**

**Phase 2 Planning (July 26 – Aug 20): Participants collect/develop resources and create a workshop/presentation to facilitate for existing and new mentors (workshop development will be staff-led)**

**Phase 3 Delivery (Aug 23 – Sep 3): Youth will facilitate workshop/presentation to mentors in one-to-one mentoring programs**

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**Youth Council Application Form**

*BBBS of the Cowichan Valley supports diversity and welcomes applicants of every race, religion, culture, gender and sexual orientation.*

|  |  |
| --- | --- |
| **Personal Information** | |
| **First Name:** | **Middle Name(s):** |
| **Last Name:** | **Previous Name(s):** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Involvement** (check all that apply to you**)**   **No other agency involvement** | | | |
| **Current/Future Mentor** | Community Mentor | In-School Mentor | Group Program Facilitator |
| **Former Mentor** | Community Mentor | In-School Mentor | Group Program Facilitator |
| **Current Mentee (Little)** | Community Mentee | In-School Mentee | Group Program Participant |
| **Former Mentee (Little)** | Community Mentee | In-School Mentee | Group Program Participant |
| **Other (please specify):** |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | |
| **Home Phone:** | **Cell Phone:** | | **Work Phone:** | | **Prefer contact by:**  email  text  home  work  cell |
| **Primary Email Address:** | | **Secondary Email Address:** | | |
| **Home Address:** | | | | **City:** | **Postal Code:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Demographics** | | | | | |
| **Gender:**  Female  Male  Transgender  Other: | | | **Date of Birth** (mm/dd/yy)**:** | | |
| **Languages spoken** (in addition to English): | | | | | **Age:** |
| **Ethnic/Cultural Background**:*Your response to this question is voluntary. Information will be used for statistical purposes only.* | | | | | |
| Aboriginal (First Nations/Inuit/Metis) | Middle Eastern / West Central Asian | Caribbean | | European | |
| English Canadian | East or Southeast Asian | South Asian | | African | |
| French Canadian | Central or South American | Other (provide details): | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Signature of Applicant |  |  | Signature of Parent or Legal Guardian  (if applicant is under 19) |
|  |  |  |  |
| Applicant Printed Name |  |  | Parent or Legal Guardian Printed Name  (if applicant is under 19) |
|  |  |  |  |
| Date |  |  | Date |