

**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.*

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

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| **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):** |  |

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| **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:** |

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| **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): |

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