



## **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



## 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)				<input type="checkbox"/> No other agency involvement
<b>Current/Future Mentor</b>	<input type="checkbox"/> Community Mentor	<input type="checkbox"/> In-School Mentor	<input type="checkbox"/> Group Program Facilitator	
<b>Former Mentor</b>	<input type="checkbox"/> Community Mentor	<input type="checkbox"/> In-School Mentor	<input type="checkbox"/> Group Program Facilitator	
<b>Current Mentee (Little)</b>	<input type="checkbox"/> Community Mentee	<input type="checkbox"/> In-School Mentee	<input type="checkbox"/> Group Program Participant	
<b>Former Mentee (Little)</b>	<input type="checkbox"/> Community Mentee	<input type="checkbox"/> In-School Mentee	<input type="checkbox"/> Group Program Participant	
Other (please specify):				

Contact Information			
Home Phone:	Cell Phone:	Work Phone:	<b>Prefer contact by:</b> <input type="checkbox"/> email <input type="checkbox"/> text <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
Primary Email Address:		Secondary Email Address:	
Home Address:		City:	Postal Code:

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

Signature of Applicant

Applicant Printed Name

Date

Signature of Parent or Legal Guardian  
(if applicant is under 19)

Parent or Legal Guardian Printed Name  
(if applicant is under 19)

Date