



Youth and Family Training Institute

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Youth and Family Training Institute Advisory Board Application for Youth Members

The following questions ask for some personal information about you. It is important Advisory Board members represent the diversity of Pennsylvania as well as including those who have a significant and extensive understanding of the behavioral health system. This information is confidential and will not be shared with anyone except the Advisory Board. Thank you for your interest.

Your name:

Mailing address:

Daytime telephone number:

Evening telephone number:

Best time to call you:

E-mail address:

- 1. How old are you?**
- 2. Tell us about some of your experiences in dealing with the behavioral health and other child serving systems (i.e. education, child welfare, juvenile justice etc.).**

- 3. Have you ever been involved with any behavioral health youth organizations? (Examples are Mental Health America, Office of Mental Health and Substance Abuse Services Children’s Advisory Board, etc.) Please describe:**
- 4. Are you now, or have you ever been involved in any community organizations or on any committees? (Examples are student government, Scouts, service organizations, etc.) Please describe:**
- 5. Are you now, or have you ever been a member of an advisory board or a board of directors? Please describe:**
- 6. Why do you want to be a member of the Youth and Family Training Institute Advisory Board?**

7. **Briefly describe any experiences or other skills you have that would benefit this Advisory Board:**
8. **Please complete the following information about yourself:**
- a. **County and community where you live:**
 - b. **Ethnicity:**
 - African-American/Black**
 - American Indian/Native Alaskan**
 - Asian**
 - Caucasian/White**
 - Hispanic**
 - Other, please describe:**
 - c. **Gender**
 - Male**
 - Female**
 - Prefer to self-describe as:**
 - Prefer not to say**
 - d. **Are you currently employed outside of the home?**
 - Yes**
 - No**
 - e. **If yes, where do you work and what do you do?**
 - f. **Are you currently attending school?**
 - Yes**
 - No**
 - g. **If yes, what grade or year are you?**
 - h. **Is there anything that will prevent you from attending or participating in meetings? Please describe:**
 - i. **How did you hear about this opportunity?**

Please email your completed application to:

Laurie Jones

Co-Administrator, Youth and Family Training Institute

joneslh@upmc.edu