YOUTH ACTION COUNCIL

The Youth Action Council (YAC) consists of a group of youth ages 13 to 18 who want to make a difference. YAC provides youth the opportunity to voice the opinion of teens within the community. This program helps develop tools necessary for teens to:

- Build Leadership Skills
- Explore and identify issues and concerns important to teens
- Communicate issues and challenges to the Parks and Community Services Department (PCSD)
- Organize special events for the community & participate in community events organized by PCSD
- Promote mutual respect, understanding, and multi-cultural representation for teens of different backgrounds

* YAC members implement the 41 Developmental Asset framework so youth and teens are equipped for a successful future away from gang, violence, alcohol & drugs and other social change

* Youth interested in being part of YAC must be 13 to 18 years of age; a resident of the City of Watsonville or a student attending Pajaro Valley Unified School District; maintain a 2.5 GPA; provide a letter of recommendation by school teacher, counselor, or member of the community; and commit time and energy with a minimum of 6 hours each month including mandatory monthly meetings, YAC socials, programs in Youth Center and community events.

* YAC requires parents/legal guardians’ participation in YAC Kick-off orientation and a minimal of 8 hours throughout the year in events, workshops, or trainings.

* Applications must be submitted to Celia Castro at the Youth Center no later than 8pm.

Meets the last Wednesday of every month at 4:30pm

G.H.W.R. Youth Center
30 Maple Ave, Watsonville, CA 95076
(831) 768-3248
YAC Application

Student Information

First Name: ________________________________ Last Name: ________________________________

Birth Date: ________________ Age: ___________ Cell Phone: _________________________________

Name of School: _______________________________ Grade: ________________________________

Home Address: ___________________________________________________________________________

Email: ___________________________________________ Other Phone: ______________________________

How did you find out about this program? __________________________________________________________________________________________

Parent / Legal Guardian Information

Parents First Name: ________________________________ Last Name: ________________________________

Cell Phone: _______________________________ Email: ___________________________________________

Parents First Name: ________________________________ Last Name: ________________________________

Cell Phone: _______________________________ Email: ___________________________________________

Please turn in application along with Emergency/Medical Release & Allergies form, school record of 2.5 GPA or above, and a recommendation letter at the G.H.W.R. Youth Center welcome desk by July 25th, no later then 8pm. Space is limited. Please contact Celia Castro at 831.768.3252 for more information.

__________________________________________________________________

Student’s Signature Parent’s Signature Date

Meets the last Wednesday of every month at 4:30pm

G.H.W.R. Youth Center
30 Maple Ave, Watsonville, CA 95076
(831) 768-3248
Emergency/Medical Release & Allergy Information Form

Name of Participant: ___________________________ Date of Birth: __________ Age: _____
Home Address: __________________________________________
Parents Name/Legal Guardian: ___________________________ Cell Phone: ______________

Alternative Emergency Information (All persons listed must be 18 years or older.)

Name: ___________________________ Relationship: ______________
Telephone #: ______________________ Cell Phone #: ______________

Name: ___________________________ Relationship: ______________
Telephone #: ______________________ Cell Phone #: ______________

Name: ___________________________ Relationship: ______________
Telephone #: ______________________ Cell Phone #: ______________

Any allergies or medical conditions? ______________________________________________________
If yes, please explain: _________________________________________________________________

NOTE: Please inform staff immediately if you need to update telephone numbers, delete or add
names to this authorization form.

_____________________________________________ _______________________
Parent/Guardian Signature Date

_____________________________________________ _______________________
Parent/Guardian Signature Date
Información de Contactos Autorizados en Caso de Emergencia y Entrega de Niños

Nombre del participante: ___________________________ Fecha de nacimiento: ________ Edad: _____
Domicilio: __________________________________________________________
Nombre del padre/ Guardián: ___________________________ Teléfono: _______________________ 

Nombre: ___________________________ Parentesco: ________________
Teléfono #: ___________________________ Celular #: _______________

Nombre: ___________________________ Parentesco: ________________
Teléfono #: ___________________________ Celular #: _______________

Nombre: ___________________________ Parentesco: ________________
Teléfono #: ___________________________ Celular #: _______________

¿Alergias o condiciones médicas? _________________________________________________________
Si la respuesta es sí, favor de explicar: ______________________________________________________________________________________

NOTA: Por favor, informe al personal inmediatamente si es necesario actualizar los números de teléfono, eliminar o agregar nombres a esta autorización.

____________________________________________________________________________________
Firma del Padre/Tutor Fecha

____________________________________________________________________________________
Firma del Padre/Tutor Fecha