

DO YOU WANT TO MAKE A DIFFERENCE?

We are looking for interested young people to fill positions on the Department of Human Services Youth Advisory Council, currently known as SITY (Systems Improvement Through Youth). The council meets bi-weekly in downtown Pittsburgh. Applications are being accepted from youth and young adults (ages 16 through 25 years) across Allegheny County who are currently or formerly involved with “systems” such as education, child welfare, mental health, drug and alcohol, intellectual disabilities, juvenile justice or adult-related services within the Department of Human Services.

If you are interested in helping others, sharing your experiences, improving services, or advocating in any way, the Youth Advisory Council is for you. Come out meet new people, learn new things and have fun while making a difference. We pay for your transportation, meals, and activities. This is a great opportunity to help others, build a resume, learn new skills, and unlock potential. Giving of your time and talents is a way of giving back to the community. (We will work with school districts to use this involvement to fulfill senior project or community service requirements whenever possible). Please take a minute to fill out the attached application.

If you have any questions please contact:

Duane Berry
Youth Support Coordinator
412-350-7162
Duane.Berry@AlleghenyCounty.us

Application for Membership on SITY

What SITY Does:

SITY is a Youth Advisory Council which provides advice to the Department of Human Service on a broad range of issues while representing individuals served through their systems. The Youth Advisory Council is essential to the DHS "Improving Outcomes" initiative and for ensuring individual's increased ability to successfully deal with life's challenges.

To be considered for appointment/reappointment, all information requested on this application must be provided. This form can be made available in alternative formats and/or languages. Assistance with completing the form is available upon request to: Duane Berry, 412-350-7162, Duane.Berry@AlleghenyCounty.us

Applications will be accepted throughout the year. Appointments/reappointments to the council will be formally made in May each year. When council members are needed based on vacancies, applications will be processed based on the need of the council. Individuals will be notified in writing of their selection.

Council Member Expectations

- Council members are required to attend at least one business meeting per month.
- Members of the council are expected to represent their areas of interest in their work.
- Members must have the ability to communicate with the population they are representing, to bring their concerns to the council and to report back on outcomes of the SITY work when appropriate.
- Individuals appointed to the council should also have the time and ability to participate in workgroups throughout the year.
- Members must be able to meet general council and workgroup expectations.
- Council members must represent their own opinions and experiences, as well as those of their peers.
- SITY members are expected to conduct themselves in a respectful, appropriate, positive manner at all times, in all settings.

Section I: Contact Information

Please Print

_____ I am a new applicant.
_____ I am a current SITY member, reapplying for a new term.
_____ I was a SITY member from _____ to _____ and am reapplying.

Name of applicant

Mailing address

City State County ZIP code

Phone number Email address

Emergency contact name Emergency contact phone number

The following information is required to assure that membership reflects the make up of individuals receiving public services in Allegheny County.

Date of birth* Gender Race Ethnicity
(*Youth under 18 years of age require adult consent to participate.)

Section II: Membership Categories

Although individuals most often fit multiple membership categories, please check the information that reflects the **one category** you intend to represent as a member of SITY.

Based on my experience, I intend to represent the area checked as a member of SITY:

_____ Mental health services
_____ Child welfare services
_____ Drug and alcohol services
_____ Juvenile justice services
_____ Intellectual disability (MR) services
_____ Developmental disability services
_____ Other (Please give details)

Section III: Experience or Interest

Please check all areas in which you have an interest.

- Abuse and neglect
 - Adult justice-related services
 - Career/Employment services
 - Children of incarcerated parents
 - Children of parents with an addiction
 - Cultural diversity
 - Developmental disabilities
 - Drug and alcohol services
 - Education
 - Gay, lesbian, bi-sexual, transgender, questioning issues
 - Homelessness
 - Housing
 - Juvenile justice-related services
 - Mental health services
 - Out-of-home placement (foster care, group home, residential treatment)
 - Physical disabilities
 - Transition-age services / Independent living services
 - Other (please give details)
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Additional Past Experience: Please tell us how you can use your life experience to make a positive change for other youth. What do you like best about yourself? (Attach additional sheets if necessary.)

Submit to: Duane Berry

Allegheny County Department of Human Services
One Smithfield St., 4th Floor
Pittsburgh, PA 15222

By Fax: 412-350-4004 or **By Email:** Duane.Berry@AlleghenyCounty.us