

SITY Member Application

What SITY does

As advocates, we provide input to various providers, to help youth navigate the different systems.

As learners, we attend leadership development training helps us share strategically, and develops us for other opportunities.

As community members, we provide community service in a way that allows others to know who we are and what we stand for as youth who make a difference, and it provides satisfaction.

How to Apply

All information requested on this application must be provided. Form then can be emailed to Leonardo Johnson at Youthopp@allegHENYcounty.us , phone 412-442-8998.

SITY Member Expectations

Members are required to attend Youth Move meetings.

Members are required to participate in volunteer opportunities.

Individuals will be given roles and are required to uphold fulfill the role.

Members will follow the ground rules that the advisory board created

SITY members are expected to conduct themselves in a respectful, appropriate, and positive manner always!

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

*Zip

*County

*Phone Number

*Email

*Emergency Contact Name

*Emergency Contact Number

*Date of Birth

*Gender

*Race

*Ethnicity

(* Youth under 18 years of age required 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 parents with an addiction
- Cultural diversity
- Developmental disabilities
- Drug and alcohol services
- Education
- LGBTQ2 issues
- Homelessness
- Housing
- Juvenile justice-related services
- Mental Health Services
- Out-of-home placement (Foster care, group home, residential treatment)
- Physical disabilities
- Other

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: Leonardo Johnson

Youth Support Partner Unit

810 River Ave Suite 310

Pittsburgh pa 15212

By Email: YouthOpp@alleghenycounty.us or **By fax:** 412-442-8999