



APPLICATION for Teen Advisory Council

Dear Parent/Guardian:

Thank you for your interest in having your teen participate in CHAC's Teen Advisory Council. As a Teen Advisory Council member, your teen will engage in the following activities:

- Attend and participate in teen advisory council meetings by sharing their thoughts, ideas, talents and skills
- Collaborate with CHAC to plan and participate in events to educate teens in the community about mental health and healthy ways to cope with mental illness
- Share teen mental health experience with CHAC and community to help adults better understand how they can help teens in the community.

CHAC clinical staff will help your teen to develop and hone their leadership skills as well as provide guidance and support in your teens efforts to help their community. CHAC will also provide your teen with insights about nonprofit mental health organizations and mental health needs and resources in our community.

Community service hours will be given for the time your teen spends in TAC meetings and events.

Thank you for allowing your teen to become part of this worthwhile program. Please feel free to contact us regarding any questions you may have.

Shannon Fitzpatrick, LMFT
CHAC
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APPLICATION for Teen Advisory Council

Teen Advisory Council Parental Consent

As the parent/guardian you play an important role in your child's experience as a Teen Advisory Council Member. We ask that you discuss the program with your teen and sign the statements below indicating consent.

Teen's Name: _____

Parent or Legal Guardian (please print):

I, _____, give my child, _____ permission to participate as a volunteer Teen Advisory Council (TAC) Member for CHAC.

I also grant permission for my child's video/photo/image and name to be published on CHAC's website, newsletter, Facebook page or other social media outlets and publications for the purpose of education about teen mental health.

I do NOT grant permission for my child's video/photo/image and name to be published on CHAC's website, newsletter, Facebook page or other social media outlets and publications for the purpose of education about teen mental health.

Parent/Guardian Contact Information

Cell phone: _____ Home Phone: _____

Work phone: _____ Email address: _____

Address, City: _____ Zip code: _____

Emergency Contact Person (someone other than parent/guardian): _____

Emergency Phone Number(s): _____ Relationship to Teen: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____