

Youth Advocacy Board (YAB) Application



- **The Youth Advocacy Board (YAB) is a community group of students who represent the SADD chapters from each of our six area high schools in Eau Claire County. YAB works on the prevention of alcohol, tobacco, and other drug use by youth.**
- **YAB is part of the Alliance for Substance Abuse Prevention (ASAP), a coalition working to improve the lives of children, youth, and adults by mobilizing communities to prevent and treat alcohol, tobacco and other drug misuse in Eau Claire County.**
- **While SADD meetings are held in school, YAB meetings are held at a community location outside of school.**
- **As a YAB member you will be an advocate: someone who stands, speaks out, and creates empowering activism targeted at reducing underage drinking and substance misuse in Eau Claire County. Essentially, you become a “captain” for your school’s SADD group.**

Suggested Requirements to become a YAB member:

- **Be actively involved with SADD for at least one year**
- **Attend 75% or more of the YAB meetings each year**
- **Complete and submit an application for YAB**

As a YAB member, you would:

- **Help plan the county-wide SADD training**
- **Participate in the county-wide SADD training**
- **Work with your school's SADD advisor on both local and county-wide activism**
- **Report monthly to your school's SADD chapter regarding the county SADD campaigns and events**
- **Attend YAB meetings which meet approximately once a month on Sunday afternoons at the Eau Claire City-County Health Department, 720 Second Ave, Eau Claire, WI**
- **Assist with new product watch activities and media outreaches**

**Youth Advocacy Board Member Application
Eau Claire County**



(Please Print)

Name: _____

School: _____

Year of Graduation: _____

Birth Date: _____

What grade are you in this year? 9 10 11 12

Email: _____

Cell Phone: _____

Are you a member of YAB Facebook? Yes No

1. What do you like best about being involved in SADD?

2. How would you recruit more SADD members?

3. Why is it important for teens to not use alcohol, tobacco or other drugs?

4. Why do you want to be a YAB member?

5. What skills would you be able to contribute to the YAB? (Graphic design, acting, drawing, photography, writing, presenting, etc.)

Please return to:

Denise Wirth, Eau Claire City-County Health Department, 720 Second Ave, Eau Claire, WI 54703.

Denise.Wirth@co.eau-claire.wi.us

Additional copies of this application can be found on our website: www.getinvolvedasap.com