

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
Division of Maternal, Child and Adolescent Health
Positive Youth Development Initiative

DPH Youth Advisory Council Partnership Request Form

Thank you for interest in partnering with the DPH Youth Advisory Council. This form is designed to help outline your desired intent and outcome(s) for engaging with the Council. Our goal is to ensure these requests present valuable learning experiences for the Youth Advisory Council members that allow them to share authority and accountability in policy, planning, and decision-making.

Please fill out the form and send directly to Lizbeth Becerra, LBecerraDavalos@ph.lacounty.gov, and Pamina Bagchi, cbagchi@ph.lacounty.gov. Please allow 1-2 weeks to process your request.

Contact Information (Primary point of contact)
Name: Title: Program: Email: Phone Number:
Defining Partnership Request
<p>Please select the type(s) of request from the following options that best defines the level of partnership/engagement with the DPH Youth Advisory Council:</p> <p><input type="checkbox"/> Involvement – Youth actively participate in opportunities and meetings initiated by adults, and have input on the strategies and day-to-day operations, or take on projects within ongoing initiatives.</p> <p><input type="checkbox"/> Consultation- Adults create intentional opportunities for youth to give input and advice on important issues facing their neighborhoods, schools, community and local government, while the adults retain the authority to make the final decision.</p> <p><input type="checkbox"/> Representation – Selected youth gain the opportunity to participate in ongoing work on behalf of their peers, with the ability to help set the agenda and vote on a government-sponsored activity.</p> <p><input type="checkbox"/> Shared Leadership – Youth share positions of authority with adults as colleagues and share accountability for the goals and outcomes of the activity.</p>
Description of Request
<p>Background Information - Briefly describe your project/program. <i>Include information on the following if applicable: What (i.e. context for the request)? Who (i.e. other partners involved, subcontractors, etc.)? Where (i.e. specific locations/regions targeted)? When (i.e. dates of event, meeting)?</i></p>

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Timeframe - Are there any deadlines involved, if so, what are they? *Please keep in mind the DPH Youth Advisory Council meets once a month, so advanced notice is required for more time-consuming requests (e.g. involvement in planning events, etc.)*

Expectations - Briefly describe your vision for the intended outcome of this request. What would you like to see from the DPH Youth Advisory Council?

**Please direct inquiries about this form and/or the DPH Youth Advisory Council
to Lizbeth Becerra and Pamina Bagchi.**