



**STATE OF NEW HAMPSHIRE  
OFFICE OF THE GOVERNOR**

CHRISTOPHER T. SUNUNU  
Governor

Dear Governor's Youth Advisory Council Applicant,

Thank you for your interest in serving on the Governor's Youth Advisory Council (GYAC)! I created this council in 2017 to gain the perspective of New Hampshire youth regarding substance misuse and the state's prevention efforts. As the State of New Hampshire faces a substance epidemic, our youth play an important role in creating community change and impacting the health of our schools and communities.

The Governor's Youth Advisory Council plays a critical and influential role in the state's response to the epidemic. Being chosen for the Council is truly an honor. It means that you have worked diligently throughout the year to help make a positive change in your school and/or community and want to bring that action to the state level.

We will review your application, as well as the criteria listed below. Please be as thorough as possible when completing your application. Please be aware that we may not be able to invite all applicants to join the Council. Those that do not receive an invitation are encouraged to reapply for the following school year. To be eligible to serve on the Council, you should fit the following criteria:

- Are at least 13 years of age and have completed the 8<sup>th</sup> grade
- Have a strong desire to spread the substance-free message to other teens
- Have demonstrated an ability to interact with your peers through involvement in positive youth organizations
- Be available to commit to actively participating in all Council meetings
- Are active in, or plan to join, a club or organization within your community working to address teen substance use
- Have submitted a completed GYAC application

Please complete and return all elements of the attached application. If you have any questions about the Council or application, please send an email to [gyac@nh.gov](mailto:gyac@nh.gov).

Sincerely,

A handwritten signature in blue ink that reads "Chris T. Sununu".

Christopher Sununu  
Governor

# NH Governor's Youth Advisory Council on Substance Misuse and Prevention (GYAC) Application Form 2023-2024

Completed applications must be submitted through email to [gyac@nh.gov](mailto:gyac@nh.gov) by **Monday, Sept 11, 2023.**

## General Information

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Cell Phone #: \_\_\_\_\_

Is it okay to text team info to that number? Yes  No

Student Email Address (either school or personal, whichever is checked more often):

\_\_\_\_\_

*Please write clearly*

## School/Community Info

What school do you attend: \_\_\_\_\_ Grade this year: \_\_\_\_\_

What other groups are you involved in this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information

Student Name: \_\_\_\_\_

Parent's Info (Complete where applicable)

### Parent 1/Guardian:

Name: \_\_\_\_\_

Tel: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent 2/Guardian:

Name: \_\_\_\_\_

Tel: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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Home: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Other: \_\_\_\_\_

Medical Concerns/Issues: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Concerns: \_\_\_\_\_

**Program Waiver**

*Effective for the duration of membership*

To be completed by parent or guardian

*\*If you are an emancipated minor, you may provide proof of emancipation with this application in lieu of a parent or guardian signature.*

Print Parent's Name: \_\_\_\_\_

Print Student's Name: \_\_\_\_\_

**LIABILITY WAIVER:**

I agree to allow my child to participate in the Governor's Youth Advisory Council. I understand that Governor's Youth Advisory Council activities could result in injury during events or during transportation to and from events. I agree to waive any liability or right of civil action against the Governor's Youth Advisory Council and any of the associated staff, volunteers, sponsors or other agents of the Governor's Youth Advisory Council Program for any negligence or acts or omissions that are related to my child's participation in any Governor's Youth Advisory Council related activity. In the event of an emergency where I cannot be reached, I give my permission for the adult staff of the Governor's Youth Advisory Council to act on my behalf in requesting emergency medical care for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPREHENSIVE MEDIA WAIVER:**

I understand that Governor's Youth Advisory Council activities frequently result in media coverage. I agree to allow my child's photo or statements to reporters to be used in any news account, press release, or media report on Youth-to-Youth activities; whether TV, radio, print, or digital. My child may

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volunteer to participate in the production of any radio or video or TV PSA or media appearance associated with The Governor's Youth Advisory Council. My child's photo may appear on the website and they may participate in videos produced by The Governor's Youth Advisory Council and linked to any web site. I understand that the Governor's Youth Advisory Council retains ownership and use rights for these media productions and no compensation is provided. I waive and release for myself and my minor child all rights and claims for compensation or damages for such use of these audio, visual and/or written materials.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Recommendation

*To be completed by person recommending student*

Applicants must be recommended by a non-relative adult affiliated with a Drug Free Community, prevention coalition, Public Health Network, Life of an Athlete, school counselor/official, or other club or organization working to address teen substance misuse.

\_\_\_ I recommend this student to be considered for a seat on the Governor's Youth Advisory Council on Substance Misuse and Prevention.

Recommended by: \_\_\_\_\_

Organization or group: \_\_\_\_\_

Email & phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Essay Questions

Please answer the following questions on a separate piece of paper and attach it to this application.

1. Why do you want to serve on the Governor's Youth Advisory Council and what specifically do you think you'll bring to the group?
2. How do you think youth can be involved in addressing substance misuse?

You may answer these questions in either one cohesive essay or in two separate essays, but please do not exceed 500 words in total. We hope to learn about your strengths and weaknesses when assessing your fitness for the Governor's Youth Advisory Council.

