



# Membership Application for the Mercy Care Youth Leadership Council (YLC)

**Would you like to serve on the Mercy Care Youth Leadership Council?** Mercy Care is looking for youth and young adults who are interested in being advocates in their community. We are looking for a variety of personalities, cultures, backgrounds, and experiences to represent our diverse youth and young adult members. Council members play an important role in guiding how Mercy Care serves youth and young adults in health care. Your voice, opinions, and stories matter and we want to hear them! Council members can help come up with new ways to improve services for our youth and young adult members.

**Eligibility requirements for Mercy Care Youth Leadership Council members:**

- Between the ages of 16-25
- Have current or previous experiences in behavioral health, foster care and/or justice
- Be available to attend monthly meetings and other events throughout the year\*
- Must have a Mercy Care member ID card

It's easy to apply. Just fill out the information below and email it to [hemmersbachk@mercycaresaz.org](mailto:hemmersbachk@mercycaresaz.org). You can attach a separate sheet of paper if you need more space for your answers. If you need help or have questions about the application, call Kim Hemmersbach at **602-918-0226**.

*\*Scheduling conflicts and having other commitments will not necessarily exclude you from being selected as a council member.*

## Mercy Care Youth Leadership Council Application

<hr/>		
First name	Middle	Last
<hr/>		
Street address	City	Zip code
<hr/>		
Phone	Email	
<hr/>		
Age: <input type="checkbox"/> 16-18 <input type="checkbox"/> 19-25	Gender: _____	<input type="checkbox"/> I prefer not to answer
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Date of birth	AHCCCS ID#	

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Diversity matters! What would you like us to know about you that makes you unique?

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What language do you speak at home? Will you need interpretation services?

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Check all the boxes that apply to you:

- I'm a peer support specialist
- I'm a family member of a youth/young adult receiving services.
- I'm a youth/young adult receiving services.
- I'm a youth/young adult who previously received services
- Other (Explain) \_\_\_\_\_

Tribal Affiliation:

- Yes. (List tribal affiliation) \_\_\_\_\_
- No.
- I prefer not to answer.

Do you have reliable transportation available to you? (Note: Transportation services are available to and from meetings if needed.)

- Yes
- No, I would need transportation.

Do you have access to reliable technology (i.e. smartphone, computer)?

- Yes
- No (Explain) \_\_\_\_\_

Our Youth Leadership Council meetings are the first Tuesday of each month from 4- 6 p.m. We also have other activities and events throughout the year. Do you have anything that might conflict with attending YLC meetings and/or events?\*

- Yes
- No (Explain) \_\_\_\_\_

Why do you want to become a Youth Leadership Council member?

*\*Scheduling conflicts and having other commitments will not necessarily exclude you from being selected as a council member.*



What does leadership mean to you?

If applicable, tell us about a time when you acted as an advocate for other youth or young adults within your community:

Describe your experiences in behavioral health, foster care and/or justice programs.

What activities are you currently involved in (school, work, volunteering, faith-based organizations)?

Tell us about some of your hobbies and interests.

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Signature

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Date