



## **Call for Applications!**

Great way to help
youth in the North Country
Short-term commitment from October
2020-June 2021.

The North Country Health Consortium (NCHC) is seeking adults interested in becoming part of a North Country Youth Advisory Council. The Council will form this fall, meet monthly and focus on identifying ways to interact with youth, particularly arts and technology-based opportunities;

- Identify enrichment program opportunities of interest to youth
- Promote positive youth development in the North Country
- Increase youth community connectedness in the North Country
- The North Country Youth Advisory Council will include local youth and adults
- The group will meet virtually

NCHC is also looking for <u>workshop educators/facilitators</u> interested in presenting arts and technology-based virtual Learning Collaboratives this fall/winter using a Zoom platform.

- Each Learning Collaborative will be lead by the Educator/Facilitator, supported by NCHC staff, and attended by middle and high school aged youth.
- Learning Collaboratives will consist of one 30-minute virtual introduction to the content area on Wednesday October 14, 2020, followed by six (6) one-hour long learning sessions to be completed by Friday January 8, 2021.
- Successful applicants will have strong internet access and a computer capable of running Zoom (more details at (<a href="https://zoom.us/">https://zoom.us/</a>). The zoom license will be provided by NCHC.
- Educator/Facilitators will also need to be fluent in presenting content virtually.
- Sessions will serve as enrichment opportunities for middle and high school youth, be scheduled to take place at a time that is convenient for interested youth to participate.
- Educator/Facilitator will be a subject matter expert in one or more of the following areas: Studio Arts (such as drawing, painting, etc.), Video Production, Music and Beat Production.
- Include arts or technology-based area of interest and proposal for Learning Collaborative along with resume and application.

Stipends available for each of these positions. Please send resume and application (click here to access application), for either one of these opportunities to:

North Country Health Consortium: Email to Bob Thompson — <u>bthompson@nchcnh.org</u>

Deadline for applications: 5:00 pm TUESDAY, SEPTEMBER 29th



## **Application Form**

For Youth Advisory Council or Leadership Collaborative Educator/Facilitator



## **CONTACT INFORMATION:**

Application Date				
Applicant's Name:				
Address:	Last	First	Middle	
Mobile/Cell Phone Numb	Street er:	City Other F	State Phone Number:	Zip
Are you 18 years old or o	older? Yes [] No [	[]		
I am applying for:				
<ul><li>□ For Youth Advis</li><li>□ Leadership Colla</li></ul>		tor/Facilitator		
<b>Expectations for Partici</b>	<u>oation</u>			
		r Educator/Facilitator of a Learni be excused. Please review the fo		
Required Meetings:				
		a month for up to 2 hours betw d on committee member geograp		une 2021 in a location to be
		or/Facilitator will consist of one (6) one-hour long learning sess		
A stipend may be provide	d to help offset travel	and time away from work.		
☐ I am able to atter☐ I am not able to a				
Please explain if you are i	not able to attend all i	meetings or sessions:		
participation? Yes [] No []	automatically disqualify you	th Country Health Consortium from the opportunity. We will consider the naw.	•	
Do you have experience worki	ng with young adults	ages 12-18?		
☐ Why are you intereste	ed in this opportunity'	?		

For Educato	r/Facilitator Role: Please complete section below:
What is your area of expertise?	
Relevant Education/Degrees	
What is your experience using a virtual platform such as Zoom?	
Anything else to share?	
<u>REFERENCES</u>	
someone who can speak about your communication sl	nces who are not related to you, such as a coach, mentor, teacher, or employer. Be sure to choose kills, leadership abilities, and work habits. Ideally, a reference will have known you for at least six ng this application that they will be contacted by the North Country Health Consortium.
Name of Reference: Daytime Phone Number: Evening Phone Number: Email: How do you know this individual?	
Name of Reference: Daytime Phone Number: Evening Phone Number: Email: How do you know this individual?	
If you have any additional documents to support y this application.	our application, including but not limited to a Resume, you may attach those documents to
Acknowledgment and Authorization I certify that the information contained in this applithe best of my knowledge and ability.	ication is true and complete. I attest to the fact that the answers given by me are correct to
references and any other information I have proinformation related to my work record and my prof	n to check and verify any and all information listed above, including but not limited to my ovided. Unless otherwise noted, I authorize the references I have listed to disclose any fessional experiences with them, without giving me prior notice of such disclosure. I release persons and entities, from any and all claims, demands or liabilities arising out of or in any
I understand that this application is not a contract stipend if grant funding allows.	, offer or promise of employment. If selected, I will be a volunteer and may be eligible for a
	Date  e application to bthompson@NCHCNH.org.  by questions, contact Pob Thompson at (603) 250 4670
ii you nave an	y questions, contact Bob Thompson at (603) 259-4679

Page 2 of 2