



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 (https://zoom.us/). 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:		First	Middle	
Mobile/Cell Phone Nun	Street	City Otl	State ner Phone Number:	Zip
E-mail Address:				
Are you 18 years old or	older? Yes [] No []		
I am applying for:				
□ For Youth Adv□ Leadership Co	isory Council Ilaborative Educat	or/Facilitator		
Expectations for Parti	<u>cipation</u>			
			earning Collaborative Group is the following meeting dates, time	
Required Meetings:				
		a month for up to 2 hours on committee member ge	between September 2020 and ography.	June 2021 in a location to be
			f one 30-minute virtual introdu sessions to be completed by F	
A \$200 stipend will be p	provided to help offset tr	avel and time away from w	vork.	
☐ I am able to at☐ I am not able to	tend all meetings o attend all meetings.			
Please explain if you ar	e not able to attend all r	neetings or sessions:		
participation? Yes [] No []	not automatically disqualify you	from the opportunity. We will conside	ertium to do a criminal backgro	
Do you have experience wo ☐ If so, please explain		ages 12-18?		
□ Why are you intere	sted 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 no 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
Applicant's Signature Please return the	Date application to bthompson@NCHCNH.org .
	y questions, contact Bob Thompson at (603) 259-4679

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