**Delaware County System of Care County Leadership Team**

**Youth and Family Partner Application**

**All information from obtained through this application will be kept confidential.**

**(*Please continue on another sheet of paper if more space is needed)***

**Personal Information**

Name:

Email:

Day Phone:

Evening Phone:

Best Time to Call:

Address:

**Work-School-Volunteer Information**

Are you now or have you ever been involved in any community/ county organizations or any committees?

If yes, please describe what there are/ were and your role:

Are you or have you ever been a member of an advisory board or a board of directors?

If yes, please identify types of boards and your role:

Are you currently employed?

If yes, where do you work and what do you do?

**Availability: *The System of Care County Leadership Team meets 1-2x a month usually at the Human Services Administration Building at 20 S 69th Street, Upper Darby, PA. We sometimes meet at the Delaware County Intermediate Unit in Morton, PA.***

Do you have a reliable means of transportation including public transportation?

Is there anything you foresee that will prevent you from attending meetings or participating?

**What days and times are best for you to attend Leadership Team Meetings?**

Check all that apply:

Mon Tues Wed Thurs Fri

Mornings Afternoons Late afternoons Evenings

**Life Experience and Interest**

Please tell us why you want to be member of the System of Care County Leadership Team?

List any unique experiences, skills, and/ or strengths that you have that would benefit this team?

Please tell us about some of your relevant experiences in dealing with the behavioral health system, child welfare, and/or juvenile justice system.

What have you learned that has been effective that you might want to share with others?

What strategies are you aware of that have worked for other youth and families?

What do you feel is needed most in the child-serving system right now?

What do you need to know about how the system works in order to help solve problems?

How did you hear about this opportunity?

**Thank you for your interest in the System of Care County Leadership Team**

**Signature: Date:**