



**BEHAVIORAL  
HEALTH SERVICES**  
*of Pickens County*



*Youth Advisory Board for Behavioral Health Services of Pickens County*

**Are you ready to make a difference in your community? Join Pickens County Youth Board! Members make a difference by using peer influence to outreach directly to youth about the dangers and consequences of substance abuse, while gaining skills and experience in leadership, action planning, collaboration, and more.**

## **Eligibility**

Pickens County Youth Board (PCYB) is open to all high school students (rising 9th-12th graders) in Pickens County, SC

Interested students should:

- Demonstrate leadership in school and/or community activities
- Express an interest in learning more about creating a change in youth alcohol, tobacco, and other drug use, mental health, and suicide prevention in the community
- Be open-minded and willing to work with their peers
- Commit to 100% participation in all PCYB leadership activities

## **Program Expectations**

- Attend all PCYB meetings
- Work on podcast in some capacity
- Participate in PCYB Leadership Training Camp (mandatory)
- Participate in community projects
- Environmental projects
- High level of personal commitment and participation
- **Be CREATIVE and HAVE FUN!**

## **Program Calendar/Meetings**

Youth Board year runs from June-May

Meetings are typically held the 2nd and 4th Mondays at Behavioral Health Services of Pickens County.

Podcast recording will be held based on teams.

## **Attendance Policy**

The success of PCYB depends on each member's commitment to participating in every monthly meeting, being punctual, leadership, making a difference, and having FUN!

## **Selection Process**

BHSPC Prevention staff will review all applications and interviews will be conducted with each applicant. PCYB does not discriminate on the basis of gender, race, religion, national origin, or disabilities. All applications are kept confidential.

- PCYB will not exceed 25.
- Applicants will be interviewed as applications are reviewed. All applicants will be interviewed by the end of April
- Selections will be made and applicants will be notified by mid-May

## **Questions?**

Call the Prevention Department at (864)898-5800, text (864)822-0874, or email [jgibson@bhspickens.com](mailto:jgibson@bhspickens.com)

## **Application Deadline**

Applications must be mailed in or dropped off by April 5th, 2024.



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# *Pickens County Youth Board Application*

## Personal Information

PLEASE PRINT NEATLY WITH BLACK INK

### Application Checklist

- Read the application packet thoroughly
- Completed all sections of the application
- Parent/Guardian has signed the application
- Confirmed with references where to send information

All applications must be postmarked by deadline on the first page of the application.

Applications can be sent to or dropped off at: Behavioral Health Services of Pickens County  
ATTN: Jessica Gibson 309 E. Main Street Pickens, SC 29671 or emailed to [jgibson@bhspickens.com](mailto:jgibson@bhspickens.com)

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

Male: \_\_\_\_\_ Female: \_\_\_\_\_ T-Shirt Size (adult sizes): \_\_\_\_\_

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

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

Birthday: \_\_\_\_\_

School: \_\_\_\_\_ Rising Grade: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Can we text you?\* \_\_\_\_\_

\*BHSPC has a cell phone specifically designated to be used by the Prevention Department for the sole purpose of texting Youth Board members/parents.

I heard about Youth Board from: \_\_\_\_\_

(name of person who told you about Youth Board)

**What are you involved in with your school and outside of school?**

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**What one word would you use to describe yourself and why did you select that word?**

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**Please describe what you see as your biggest strength**

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**\*You may attach a separate piece of paper if necessary**





Experience with podcasts/public speaking/etc. (it's okay if you don't have any!!):

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Topics you think your peers would be interested to hear about (drug/alcohol or mental health related):

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**What job would you be interested in doing for the podcast?**

Please rank the below roles from 1 (more interested) to 6 (least interested).

\_\_\_\_\_ **PODCAST HOST:** Host/record episode as the speaker sharing information and committing to being available each episode.

\_\_\_\_\_ **PODCAST PRODUCER:** Plans and prepares outline for each podcast episode, including researching facts and statistics needed.

\_\_\_\_\_ **PODCAST AUDIO/TECH TEAM:** Learn how to mix and properly record each episode for distribution.

\_\_\_\_\_ **PODCAST RESEARCH:** Learn how to research from sound sources to create episode content

\_\_\_\_\_ **GRAPHIC DESIGNER:** Learn how to design and create graphics for podcast advertisement and episode distribution.

\_\_\_\_\_ **OUTREACH TEAM:** Shares about podcast and new episodes with peers and community. Coordinates any guest speakers.



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## PCYB Recommendation Form

Pickens County Youth Board applicants must submit two recommendations from an adult who is familiar with the applicant (teacher, coach, pastor, etc). Ask them to write a letter on your leadership abilities, communication skills, and/or peer relationships. Please provide their contact information below. All recommendations must be sent directly to BHSPC ATTN: Jessica Gibson 309 E. Main Street Pickens, SC 29671 or via email to [jgibson@bhspickens.com](mailto:jgibson@bhspickens.com)

Name of Recommender #1: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

Name of Recommender #2: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

In order for an application to be considered for an interview, both recommendations must be postmarked or emailed by the deadline. If a recommender has a question, they can contact Jessica Gibson at (864)898-5800 or by emailing [prevention@bhspickens.com](mailto:prevention@bhspickens.com).

**PLEASE NOTE:** While it is true that being a part of the Pickens County Youth Board may "look good" on a resume or college application some day, we strongly discourage anyone who is joining solely for this reason. There is a **time and effort commitment involved**. We are a group of youth who are committed to making a difference in our community, who want to have fun, display leadership qualities, to learn, have a voice and USE IT, and want to represent the youth of Pickens County.

By signing below, you indicate that you have reviewed all of the requirements of being a member of Pickens County Youth Board. Your signature also indicates that you understand and will follow these requirements should you be selected to represent your school, your community, and Pickens County.

Applicant Signature: \_\_\_\_\_

As a parent/guardian of the applicant, I support their application for the Pickens County Youth Board and understand the commitment they are making to the group. I will provide support as necessary for them to fulfill their commitment to PCYB.

Parent/Guardian Signature: \_\_\_\_\_

**For office use only:**

**Interview scheduled for:** \_\_\_\_\_ **at** \_\_\_\_\_ **am/pm**