

**Instructions for Completion:
Statement of Interest to Serve on the Youth Advisory Group (YAG)**

Please read the instructions before completing the fillable form below. After completion, save and send via e-mail to: YAGinquiries@dhcs.ca.gov.

Name

Insert your name here

Area of Expertise

For general YAG membership, enter one of the following areas of expertise:

- 1. Clinical**
 - Practicing licensed clinicians in youth SUD services
- 2. Community Representatives**
 - Youth representatives
 - Parent representatives
- 3. Field Experts**
 - Youth advocates
 - Technical Assistance Providers
- 4. County and State Agency Representatives**
 - County representatives
 - Rural/Small
 - Large
 - Medium
 - State Agencies
 - Department of Education
 - Juvenile Justice or Probation
 - Department of Social Services
 - Department of Public Health
 - Managed Care Plans
 - Local Law Enforcement

Contact Information

Provide the phone number and email address that you can be reached.

Sponsoring Organization (Optional)

Indicate name of sponsoring organization for the nominee.

Brief Statement of Interest

Provide a brief statement, no longer than one paragraph, of why you are interested in participating in the indicated position of the YAG. If you are nominating an individual, indicate why the person is being nominated to serve on the YAG.

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1. Name

2. Area of Expertise

3. Contact Information:

Phone Number

Email Address

4. Organization/Affiliation

5. Sponsoring Organization (Optional)*

6. Please provide a brief statement indicating why you are interested in participating as a member of the YAG?

7. Attach Resume

* Optional Entry - If applicable, please provide the name of the entity nominating you to serve on the YAG.