



# We want YOU!

## Join the Mercy Care Youth Leadership Council

### What is the Mercy Care Youth Leadership Council (YLC)?

The YLC is made up of young people, ages 16-25, who are Mercy Care members. They're smart, creative, resilient and have great ideas. They care about each other and their communities. They make a difference in how youth and young adults get their health care services.

If that sounds like you, we need you too! What if you could be a voice for change in your community? Meet new people and make new friends? As a member of the Mercy Care YLC, you can help shape how these services are offered:

#### Physical Health



#### Dental Services



#### Behavioral Health



#### Wellness



### Why join the YLC?

- Meet new people and make new friends
- Work together for a common cause
- Create and plan events that inspire our communities
- Be part of something that makes lasting change
- Have fun

### Benefits:

- Monthly stipend, \$25 incentive per meeting
- Get practical experience you can put on your resumé
- Develop skills that hiring managers want, like leadership, teamwork and more

### Who can join?

- Mercy Care members ages 16 to 25.
- We welcome diverse backgrounds and experiences.

### When?

First Tuesday of each month from 4:00 PM to 6:00 PM.

### Where?

Currently, council meetings are virtual. When we resume in-person meetings, they'll be at Mercy Care: 4500 E. Cotton Center Blvd, Phoenix, AZ 85040. Transportation to and from meetings is available.

### Applying is easy

Apply online at [www.mercycareaz.org/involved/committees](http://www.mercycareaz.org/involved/committees). Complete the Youth Leadership Council application, and email it to Kim Hemmersbach at [hemmersbachk@mercycareaz.org](mailto:hemmersbachk@mercycareaz.org).

No cost communication and language services: If you need a qualified interpreter, written information in other formats, translation or other services call Member Services, Monday through Friday, 8 a.m. to 5 p.m. at **602-263-3000** or toll-free **1-800-624-3879** (TTY/TDD **711**).

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)



## Membership Application for the Mercy Care **Youth Leadership Council (YLC)**

**Would you like to serve on the Mercy Care Youth Leadership Council?** Mercy Care is looking for youth and young adults who are interested in being advocates in their community. We are looking for a variety of personalities, cultures, backgrounds, and experiences to represent our diverse youth and young adult members. Council members play an important role in guiding how Mercy Care serves youth and young adults in health care. Your voice, opinions, and stories matter and we want to hear them! Council members can help come up with new ways to improve services for our youth and young adult members.

### **Eligibility requirements for Mercy Care Youth Leadership Council members:**

- ▶ Between the ages of 16-25
- ▶ Have current or previous experiences in behavioral health, foster care and/or justice
- ▶ Be available to attend monthly meetings and other events throughout the year\*

It's easy to apply. Just fill out the information below and email it to [hemmersbachk@mercycaresaz.org](mailto:hemmersbachk@mercycaresaz.org). You can attach a separate sheet of paper if you need more space for your answers. If you need help or have questions about the application, call Kim Hemmersbach at 602-918-0226.

*\*Scheduling conflicts and having other commitments will not necessarily exclude you from being selected as a council member.*

### **Mercy Care Youth Leadership Council Application**

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First name:	Middle	Last
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Street address:	City	Zip code
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Phone:	Email:
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Age:	16-18	19-25	Gender:	I prefer not to answer
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# Membership Application for the Mercy Care **Youth Leadership Council (YLC)**

Diversity matters! What would you like us to know about you that makes you unique?

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What language do you speak at home? Will you need interpretation services?

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Check all the boxes that apply to you:

I'm a peer support specialist

I'm a family member of a youth/young adult receiving services.

I'm a youth/young adult receiving services.

I'm a youth/young adult who previously received services

Other

(Explain) \_\_\_\_\_

Tribal Affiliation:

Yes. (List tribal affiliation) \_\_\_\_\_

No.

I prefer not to answer.

Do you have reliable transportation available to you? (Note: Transportation services are available to and from meetings if needed.)

Yes

No, I would need transportation.

Do you have access to reliable technology to participate on the council virtually?

Yes

No

(Explain) \_\_\_\_\_

Our Youth Leadership Council meetings are the first Tuesday of each month from 4 - 6 p.m. We also have other activities and events throughout the year. Do you have anything that might conflict with attending YLC meetings and/or events?\*

Yes

No

(Explain) \_\_\_\_\_

Why do you want to become a Youth Leadership Council member?

*\*Scheduling conflicts and having other commitments will not necessarily exclude you from being selected as a council member.*

Describe your experiences in behavioral health, foster care and/or justice programs.

If applicable, tell us about a time when you acted as an advocate for other youth or young adults within your community:

What activities are you currently involved in (school, work, volunteering, faith-based organizations)?

List any volunteer experience that you have:

What do you like to do in your spare time? Tell us about some of your hobbies and interests.

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Signature:

Date: