

Public Safety Youth Leadership Team (PSYLT) New Member Application

WHAT IS YOUTH LEADERSHIP?

The Public Safety Youth Leadership Team (PSYLT) was established in 1995 as a part of Denver's overall response to the violence by and against youth. The Safe City Summit's Youth Committee formed a collaborative effort with the Mayor, Denver City Council, various city agencies, Inter- Neighborhood Cooperation, neighborhood business, civic organizations, and non-profit groups to create the project. This citywide project targets youth between the ages of 14 to 22. As a part of the project young people participate in one or more peer-centered team activities.

Youth Leadership Team applications are currently being accepted. The team meets every Tuesday from 4:30pm to 6:30 pm. The program consists of leadership training, peer mentoring, employment, volunteering, supporting community events for youth, addressing youth violence, and making positive changes in neighborhoods and schools. The team also engages in civic engagement service projects and gives away several scholarships up to \$1,000 to other youth selected by them at their annual Youth Summit. Youth will receive \$18.29 per hour for up to 6 hours a week during the school year and additional hours during the summer (7-weeks of employment 20-30 hours a week). Youth are excused to participate in extracurricular activities like sports. Finally, youth participate in trips to discuss criminal justice reform issues and fun team building seasonal activities like Halloween/Haunted Houses, St. Patrick's Day Parade, snow mobiles, Escape Rooms – Elitch Gardens and more.......

Public Safety Youth Leadership Team 303 W. Colfax Suite 1000 Denver, Colorado 80204 Phone (720) 913-4622 Theresa.Kimmet-Riley@denvergov.org OR FAX Attn: Youth Leadership Team 720-913-4640

Youth Leadership Team Member Qualifications:

- ➤ Applicant must be 14-22 years old and live in Denver, Colorado
 - o youth ages 14-18 must be currently enrolled in middle or high school and maintain passing grades
 - o young adults 18-22 must be ready to take on leadership & peer mentoring role on the team
- Applicant must be committed to leadership training, weekly meetings, peer mentoring, community & volunteering activities.
- Applicant must abide by the rules and regulations of the City and County of Denver and the PSYLT.
- Applicant must be ready to use their voice, make a difference in their community and come prepared with ideas and enthusiasm!
- Pass background check
- > Pass drug test

Diversion Services/Youth Programs/Department of Public Safety 303 West Colfax Dept. 1000 | Denver, CO 80204 www.denvergov.org/safetyyouthprograms p. 720.913.4620 | f. 720.913.4640

Please Print

Date			
Name			
Parent/Guardian Name			
Address			
City	State	Zip Code	
Email			
Home Phone			
School			Grade
Birth Date	Social Security Number	er	
Parent/Guardian Signature			Date
Employment History (if app Most recent:	olicable)		
Employment History (if app Most recent: Name of Employer	olicable)		
Employment History (if app Most recent:	olicable)		-
Employment History (if app Most recent: Name of Employer Name of Supervisor	olicable) Job Title		
Employment History (if app Most recent: Name of Employer Name of Supervisor Phone	olicable) Job Title		-
Employment History (if app Most recent: Name of Employer Name of Supervisor Phone Job Duties	Job Title to	Number of ho	ours per week

Youth Leadership Information		
Have you attended the Safe City Youth Summit?	Yes	No
Have you participated in a Public Safety/Safe City Youth Project?	Yes	No
If yes, please list type of participation		
Describe briefly why you want to be a member of the PSYLT.		
List some of the problems you see in your community for young p	people.	
What do you see as possible solutions to the issues young people f	face in you	ur community?
		·
What are some goals you would like for the PSYLT?		
I hereby certify that all information in this application is true and comeetings, and work to advance the goals of the Public Safety Your		-
Signature of Applicant		Date
If you are under the age of 18, please have a parent or guardian sig	gn below.	
I hereby give permission for the above names applicant to particip Leadership Team.	eate in the	Public Safety Youth
Signature of Parent or Guardian		Date

LETTER OF REFERENCE

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Dear	Λ 12	120 12	cont
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The letter of reference must be returned to the Public Safety Youth Leadership Team (PSYLT) before your group interview. Please allow your reference enough time to write your letter and return it to the PSYLT.

References might include teachers, clergy, past employers, community leaders, and youth agency representatives. References should not be family members or peers.

Dear Reference,

Thank you for taking the time to complete this letter of reference for the Public Safety Youth Leadership team. Please return this letter of reference to:

Public Safety Youth Leadership Team 303 West Colfax #1000 Denver, CO 80204 Theresa.Kimmet-Riley@denvergov.org Phone (720) 913-4622 Fax (720) 913-4640

is being considered for acceptance into the PSYLT. Please		
carefully consider the applicant's reliability, involvement, and desire to participate when writing this letter of reference.		
Signature of Reference		Date
Name (please print)		Relationship to Applicant
Address	City	Zip
Phone Number		

Please use this form as a cover to your letter

CODE OF CONDUCT

As a member of the Public Safety Youth Leadership Team it is important that you model our message. This code of conduct outlines the expected behavior for all involved. Your wellbeing and safety is of the utmost importance. To ensure the enjoyment and safety of everyone, please read and abide by the code of conduct.

Respect

I agree to respect my environment, others, and myself.

I will refrain from any activity that would put the group or me in danger either physically, mentally, or emotionally.

Participation

I agree to participate and attend all scheduled activities. I will support the group by being on time and prepared.

Responsibility

I agree it is my responsibility to make the necessary time to prepare for all events. I will complete all required forms and return them on time. I will read all information sent to me.

Behavior

I understand that as a member of the Public Safety Youth Leadership Team I must model the mission and message of the agency and the City & County of Denver. I will not bring or use at anytime during Youth Leadership activities, tobacco, alcohol, or drugs. I also understand that I will also act appropriate during the meeting and scheduled events.

Signature of Applicant	Date

PARTICIPANT CONSENT FORM

I,	of Denver. I e opportunity to eer, its officers,
whatsoever arising out of any damage, loss, or injury resulting from my participation further understand that my participation in this program is voluntary.	on in the program. I
I also hereby consent to the use of my name and/or picture by the City & County of subsidiaries, affiliated companies, and licensees for the purpose of generating awar and support of the Public Safety Youth Leadership Team. The Public Safety Youth strives to prevent the usage of drugs and alcohol, the occurrence of violence, and gathrough drug, violence, and gang prevention.	eness, understanding, n Leadership Team
I waive any inspection or approval of the finished materials and release the above reliability for claim of alteration, optical illusion, or faulty mechanical production.	nentioned from any
Print Name	
Signature of Applicant/Participant	Date
Parent/Guardian Signature	Date

SCHOOL PROFILE

Name		Date
Name of Schoo	1	Middle/High School
Grade	School Phone	School Fax
School Address	<u> </u>	
	State Zip	
Principal's Nan	ne Mr./Mrs./Ms./Miss	
Counselor's Na	me Mr./Mrs./Ms./Miss	
What is your fa	vorite subject and why?	
What is your lea	ast favorite subject and why?	
	nrricular activities you are involved in (inc	
What is one goa	al that you will accomplish this school yea	nr?