

Youth Application for Membership (Ages 14 – 17)

Initial deadline closed 11/17/2023. Application will remain open for quarterly review to ensure full membership body and waitlist.

Eligibility Agreement

IF SELECTED, I AGREE TO THE ELIGIBILITY AND COMMITMENT REQUIREMENTS LISTED ABOVE.

- Yes, I agree.
- No, I do not agree.

Personal Information

- Legal Name
 - First*
 - Last*
- Chosen or Preferred Name (if applicable)
- Pronouns
(She/Her, He/Him, They/Them, etc.)
- Birth Date*
- Email*
- Home Number
- Mobile Number*
- Address
 - City*
 - State/Province*
 - Zip/Postal*

Demographic Information

- Gender Identity* (Select all that apply)
- None of these options fit? Tell us more.
- Sexual Orientation*
- Racial Identity*
- None of these options fit? Tell us more.
- How did you hear about the Youth Co-Lab?*
- Lived Experiences - Select all that may apply.
- Please describe your personal experience related to mental, emotional, and behavioral health if the options above are not relevant to you:

Personal Perspective

This is an opportunity for you to share your unique experiences, insights, and perspectives.

(Required - A or B)

- A. Written "About Me"
- B. Video "About Me"

Application Attachments

- Personal Resume (Optional)
- Letter of Support (Optional)

Parent or Guardian Permission

Youth Name

Parent(s)/Guardian(s) Name(s)*

Parent(s)/Guardian(s) Signature(s):

Next Steps

Once all application components are complete, hit the Submit Application button below.

Mandated Reporting

By submitting my application, I acknowledge that CDPH and KAIP employees will serve the Youth Co-Lab as mandated reporters.