

## Hollister Innovators - Youth & Young Adults Application

Community Solutions' Solutions to Violence Division is currently seeking 10 or more youth and young adult leaders from San Benito County to participate in a 1 to 2 years Leadership Program built on driving change in their community. We need passionate, energetic, hardworking, and driven youth to provide input, plan community outreach events, and create change in their communities.

### Hollister Innovators

The Hollister Innovators is a team of community members dedicated to creating a safer Hollister. The Innovators will use the Close to Home model to engage our Hollister community in designing solutions and leading social change to prevent domestic and sexual violence from happening in our community. The Hollister Innovators Program will run for 1 to 2 years. During this time youth and young adults will be:

- Trained in prevention and education
- Strategize ways to bring positive changes geared towards community members
- Developing awareness materials targeted to the community on healthy relationships
- Engaging with community members, local leadership, and other youth groups to strategize and plan outreach events

### **Rewards!**

Youth and young adults who participate in the Hollister Innovators Program **will receive ongoing incentives upon completing projects**. Plus your contribution will make a difference in your community. We are looking for youth and young adults who feel they have something to say! If you want to build a healthier community, then you should apply!

### **Commitment**

All youth will be asked to commit to 12-16 hours per month of their time to the Hollister Innovators Program. Each youth should expect to attend a weekly meeting and one monthly intergenerational meeting.

### **Must Haves**

- Youth and young adults must be between the ages of 14-21
- Willing to speak your mind in a group setting and share creative ideas
- Be confident, passionate, and committed to sharing your opinions and expertise

### **How to Apply**

Fill out the attached application, including the questions and then drop off at our Hollister office. All applications must be completely filled out, including parent/legal guardian permission slip (for youth the ages of 14-17).

- All applications will need to be turned in by September 14<sup>th</sup>, 2021
- All applicants must attend an orientation, day and time TBD.

Applications can also be found online at <http://www.communitysolutions.org>

Please complete the applications and turn in by September 14<sup>th</sup>, 2021

Email any questions to [hollisterinnovators@gmail.com](mailto:hollisterinnovators@gmail.com)

or call Teresa Gonzales 408-469-6561, Laura Galvan 831-673-0307

## Hollister Innovator's Application Form

Please complete the following 4 pages

### General Information

|                                                                                                                                                                               |        |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------|
| Name:                                                                                                                                                                         | Home # | Cell #         |
| Address (including city):                                                                                                                                                     |        |                |
| Email:                                                                                                                                                                        |        | Date of Birth: |
| Name of Parent or Guardian                                                                                                                                                    | Home # | Cell #         |
| Parent Signature                                                                                                                                                              |        | Date           |
| Do you speak, read, or write in any other language?                                                                                                                           |        |                |
| <b>List any other activities you are involved in outside of school such as sports, hobbies, community services, responsibilities, or other activities you choose to list.</b> |        |                |
|                                                                                                                                                                               |        |                |
|                                                                                                                                                                               |        |                |
|                                                                                                                                                                               |        |                |
|                                                                                                                                                                               |        |                |
| <b>Please list at least two references.</b>                                                                                                                                   |        |                |
| Name of reference                                                                                                                                                             | Cell # | Years known:   |
| Name of reference                                                                                                                                                             | Cell # | Years known:   |

### ***Participant Agreement Form***

I have read and understood all of the above information. I understand that by signing in the below areas I am agreeing to participate with the Hollister Innovator's Program. I will participate in meetings and activities. I have read and understood the conditions listed above.

---

Youth & Young Adult Applicant's Name (print name):

---

Youth & Young Adult Applicant's Signature: Date:

## Help us get to know you

We want to get to know your strengths. Please assist us by completing the form below to help us learn more about your best assets. Please check in the appropriate column the factors for which you have adequate information for appraisal.

|                                                                | My Best Feature | I'm OK with that | Needs Work |
|----------------------------------------------------------------|-----------------|------------------|------------|
| 1. Passionate about prevention                                 |                 |                  |            |
| 2. Social skills (gets along well/respect for others)          |                 |                  |            |
| 3. Demonstrates dependability and punctuality                  |                 |                  |            |
| 4. Self-motivated                                              |                 |                  |            |
| 5. Demonstrates responsibility (directs energies toward tasks) |                 |                  |            |
| 6. Demonstrates enthusiasm in performing assigned tasks        |                 |                  |            |
| 7. Strives for excellence                                      |                 |                  |            |
| 8. Mentally alert (organization skills/problem-solving skills) |                 |                  |            |
| 9. Demonstrates integrity/honesty                              |                 |                  |            |
| 10. Demonstrates optimism and self-respect                     |                 |                  |            |
| 11. Capacity to try new ideas and increase knowledge           |                 |                  |            |
| 12. Attitude toward constructive criticism                     |                 |                  |            |
| 13. Ability to adapt to change                                 |                 |                  |            |
| 14. Cooperates with others                                     |                 |                  |            |
| 15. Demonstrates attention to detail                           |                 |                  |            |

**Additional Things you want us to know:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions.** Use the space below to answer each question. If you need additional space please use extra sheet of paper.

1. We want to know why you want to be involved. What motivates you to want to participate in the Hollister Innovators?

2. What makes a strong community?

**Parent/Legal Guardian Permission (only complete if your child is under the age of 18)**

I have read and understood all of the above information. I understand that by signing in the below areas I am allowing my child to be involved with the Hollister Innovator's Program. I will support my child in attending all meetings and activities. I support my child's decision in participating in the Hollister Innovator's Program.

I have read and understood the conditions listed above.

---

Child's Name (print name):

---

Child's Signature:

Date:

---

Parent or Legal Guardian's Name (print name):

---

Parent or Legal Guardian's Signature:

Date: