

# Youth Speaking Out

## Statewide Youth Leadership Team

Youth Speaking Out (YSO) is made up of youth and young adults between the ages of 13 and 24 years old (recommended ages) who have personal experience living with a mental health challenge and/or are currently or formerly involved with “systems” (Ex. DCYF, Juvenile Justice, Special Education). Interested young people also have a desire to make a positive impact on Rhode Island’s child and family serving systems, to advocate for themselves and their peers, and to give back to their community. Youth Speaking Out provides an excellent opportunity for community youth to help transform and give guidance to Rhode Island’s Children’s Behavioral Health System, as well as having an active voice and role in the planning, implementation, and evaluation of the Rhode Island Family Care Community Partnerships (FCCP).

Youth Speaking Out member responsibilities and commitments include:

- Advising state and local partners and providers on issues affecting child/adolescent and young adult services and supports with special focus on the transition from the child to adult system.
- Working with other youth boards and community groups on a variety of community based projects.
- Providing the youth leadership and outreach necessary to raise awareness and help reduce the stigma associated with being a young person living with a mental health and/or substance abuse challenge, through presentations, outreach and other facets.
- Attend monthly YSO Leadership meetings, for at least 1 year.
- Performing other duties as determined by YSO members.

**For more information, please contact:**

Ashley Keenan

Youth Speaking Out Coordinator/ Statewide Youth Leadership and Involvement Coordinator

A.Keenan@psnri.org

(401) 467-6855 x304

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



# Youth Speaking Out Youth Application

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*\*If you are under 18 years old this application should be signed by parent/guardian indicating that they give permission to participate in this youth leadership team.*

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please help Youth Speaking Out get to know you by answering the following questions:

Feel free to use additional paper if needed and attach it to this application

Tell us about yourself. What do you like to do? (Sports, activities, hobbies, interests, etc.):

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Why are you interested in becoming a member of Youth Speaking Out?

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What are some of your strengths and how could they be used as a Youth Speaking Out member?

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If you could do anything to improve life for youth experiencing mental health and/or substance abuse challenges, what would you do?

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What are some of the mental health issues in your community that you would like to address? Why?

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**This section is optional; please circle how you self identify:**

**Sex:**  
Male/Female

**Ethnicity:**  
White/ Caucasian  
Black /African American  
American Indian  
Hispanic  
Latino/a  
Asian/ South East Asian/  
Pacific Islander  
Biracial  
Other: \_\_\_\_\_

Please check all areas in which you have an interest or experience with.

- Behavioral Health/ Mental Health
- Substance Abuse
- Physical Disabilities/ Special Healthcare Needs
- Developmental Disabilities
- Gay, Lesbian, Bi-sexual, Transgender, Questioning
- Housing
- Career/Employment
- Juvenile Justice
- Adult Justice
- Transition/Independent Living
- Education/ Special Education (IEP, 504)
- Homelessness
- Cultural Diversity
- Children of Incarcerated Parents
- Children of Parents with an Addiction
- Out of Home Placement (foster care, group home, residential treatment)
- Child Welfare
- Other (*list*) \_\_\_\_\_

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Applicant Signature

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Date

Applications may be mailed, faxed or hand delivered to:

Parent Support Network of RI  
Attn: Ashley Keenan  
Statewide Youth Leadership and Involvement Coordinator  
1395 Atwood Ave., Suite 114  
Johnston, RI 02919  
A.Keenan@psnri.org  
Office: (401) 467-6855  
Fax: (401) 467-6903