SOUTH BOSTON COMMUNITY HEALTH CENTER

Release Form for Minors to Attend the Youth Ambassadors Program 2025-2026

Youth Ambassadors (YA) is a program for youth ages 12-16. Youth Ambassadors program promotes positive youth development by creating opportunities for youth to become future leaders of their community. Youth Ambassador meetings are a place for youth from South Boston and surrounding communities to connect and engage with each other. YA has three main goals:

- To **enhance the leadership skills** of participating youth by building one's strengths
- To increase **knowledge of health education** and positive health behaviors
- To **engage youth as active members in the South Boston Community** through planning and participation of volunteer opportunities and new experiences.

Meeting topics include but are not limited to:

- Youth development: careers, financial planning, healthy habits and relationships
- Health topics: substance use, mental health and reproductive health, and social media use
- Arts and innovation: painting, writing, poetry, song, improvisation, meditation/ mindfulness
- Speakers/Presentations from community partners/community service projects

WHEN	Tuesdays, 4:30-6:00 September-December and January-May. Note, program follows the Boston public school calendar and will not meet on snow days or school vacations.
WHERE	409 West Broadway- 3rd floor Community Room, South Boston, MA 02127
WHAT	Food/refreshments served Youth are eligible for a weekly stipend for their committed attendance to the program and making a positive impact on their community

*Youth Ambassadors is a youth development program run through the **South Boston Community Health Center** (SBCHC). SBCHC is a non-profit, full- service community health center that serves all residents of South Boston and surrounding communities. SBCHC particularly strives to reach underserved and uninsured populations.*

Questions/Concerns contact Sarah Rosadini, LCSW at 617-464-5863, youth@sbchc.org

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I, _____ (parent or guardian**) give permission for _____ (**child's name**) to attend YA meetings and participate in program activities.

I give permission for my child to participate in Youth Ambassador health-related trainings

_☐_ YES _☐_ NO

I give permission for my **child's photo** to be used in YA press releases, newspapers and publications. _☐_ YES _☐_ NO

Known Allergies (food, medication, insects, others): _____

****Parent/Guardian Signature**: _____**Date**: _____

**Phone _____ Email: _____