



## Public Health Friday Night Live

**Joshua Dugas, MBA, REHS**  
Director

**Jennifer Osorio, REHS**  
Assistant Director

**Janki Patel, MPH**  
Assistant Director

**Sharon Wang, DO, MSHPE, FIDSA**  
Health Officer

## San Bernardino County Youth Council (SBCYC) Introduction

**San Bernardino County Friday Night Live (FNL)** is a youth leadership program run by the San Bernardino County Department of Public Health. FNL helps students like you build leadership skills, make healthy choices, and create safe, strong communities across the county. Our program is built on important ideas, called our *standards of practice*. These include providing a safe and positive environment, encouraging community involvement, promoting leadership and advocacy, building caring and supportive relationships, and teaching important life skills.

San Bernardino County FNL is proud to announce the **San Bernardino County Youth Council (SBCYC)**, a special group of young leaders chosen to represent youth from all over the county. Council members will work together to make a difference by supporting safe and healthy lifestyles, sharing youth voices, and helping their peers grow as leaders. Members of the Youth Council are selected to make sure we have a representative and dedicated group of students.

As part of the council, you will have the chance to meet other student leaders, plan fun and meaningful events, and even talk with local leaders and elected officials about issues that matter to young people. By applying, you are showing your commitment to leadership, teamwork, and making your community a better place. We are looking for students who are ready to step up, share their ideas, and “bring it all” to Friday Night Live. If this sounds like you, we invite you to apply and join us in creating a brighter, healthier future for San Bernardino County!

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Luther Snone  
Chief Executive Officer

# Guidelines and Expectations

**Please read before completing the SBCYC application.**

All San Bernardino County Youth Council (SBCYC) participants, volunteers, staff, and leaders will be expected to follow these guidelines and expectations. If you have been selected to be a part of the SBCYC, these guidelines will be reviewed in more detail during the first meeting.

- ❖ Commitment and active participation are a requirement and expectation for all members of the SBCYC throughout the entire year. You must not miss more than 3 mandatory meetings. Meetings will take place twice a month on the same day and time chosen by the SBCYC. Meetings will last at least one hour.
- ❖ Meetings will be hosted in person and virtually. You will be required to participate in at least 5 in-person meetings throughout the year and actively participate in all required virtual meetings.
- ❖ If you cannot attend a meeting it is expected that you will reach out to FNL staff before the meeting. You are expected to reach out to other SBCYC members to catch up on all new information.
- ❖ You represent Friday Night Live and San Bernardino County. Please be mindful that your online activity should remain respectful and aligned with program values.
- ❖ You are expected to act with respect and inclusiveness, these standards will be enforced. Please remember to be empathetic and welcoming to all those that enter this space.

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### Applicant Acknowledgement Form

I, \_\_\_\_\_, understand that I am applying to be a part of the 2026-27 San Bernardino County Youth Council (SBCYC). I understand that I will be held to these standards and responsibilities:

- Actively participate in all SBCYC meetings and events and not miss more than three of the required meetings per year.
- Participate in the SEL conference and [California Friday Night Live Partnership \(CFNLP\)](#) Youth Summit.
- Lead a life without harmful substances such as alcohol and drugs, and actively promote healthy lifestyles.
- Represent San Bernardino County positively on campus, in the community.
- Maintain regular communication with [Friday Night Live \(FNL\)](#) staff.

If I am selected, I understand that I will be responsible for my travel when necessary. I am committed to the goals and values of SBCYC and FNL. I promise to be a positive representative of my community by working hard and having fun.

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# San Bernardino County Youth Council (SBCYC) Application

*Read this page before continuing with the application*

### Application Needs:

- 1. Application
- 2. Letter of Recommendation (Instructions on page 5)
- 3. References (Instructions on page 5)
- 4. Parent/Guardian Consent
- 5. Applicant acknowledgement form

### SBCYC Requirements:

- ✓ Must be an incoming 8<sup>th</sup> - 12<sup>th</sup> grade student to apply
- ✓ Must attend all mandatory SBCYC meetings each year
- ✓ Must live in San Bernardino County or attend a school in a San Bernardino County district
- ✓ Must have parent/guardian consent and support
- ✓ Must participate in at least 2 community opportunities offered by the SBCYC
- ✓ Must be willing to be photographed and videotaped for Friday Night Live (FNL) content

### Application submission:

- The SBCYC application is due to San Bernardino County FNL staff by specific date.
- It can be submitted in person or via email to [allfnl@dph.sbccounty.gov](mailto:allfnl@dph.sbccounty.gov)

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# Application

## STUDENT GENERAL INFORMATION

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Pronouns: \_\_\_\_\_

School Name and City: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity: Hispanic/Latino  Not Hispanic/Latino

Race: American Indian/Alaska Native  Asian  Black/African American  Native

Hawaiian/ Pacific Islander  White  Multiracial  Decline to State

Other: \_\_\_\_\_

E-mail Address (Personal): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Texts: Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Are you part of an existing FNL Chapter? Yes,  No

If yes, please specify: \_\_\_\_\_

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## PARENT/GUARDIAN INFORMATION

Full Name(s): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary phone Number:

Texts: Yes      No

**Best Time to Contact:** [REDACTED]

E-mail Address:

Primary Language:

Primary Language: \_\_\_\_\_

Will your student have reliable transportation to and from meetings or events?

Yes,        No

If no, please explain why:

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## STUDENT COMMITMENTS

Please list all extracurricular activities you are involved in and the commitment that they require. (i.e. soccer practice Mondays and Wednesdays from 4-6 p.m. and games afterschool or on weekends, Spanish club during school lunch, etc.)

Please list all academic responsibilities (i.e., AP/ Honors classes, hours spent doing homework/projects on a weekly basis)

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## FRIDAY NIGHT LIVE SPECIFICATIONS

Why do you want to be a part of the San Bernardino County Youth Council?

What experience, if any, do you have working with the community (school campus, local community)? If none, what kind of community work do you hope to do?

What topics within substance use prevention interests you? Why? (ex. Opioids, alcohol, vaping, marijuana prevention).

How has FNL made a positive impact in your life? If you are not part of an FNL chapter, what do you hope to gain from this experience?

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# Letter of Recommendation and References

## LETTER OF RECOMMENDATION (1)

One letter of recommendation should be submitted with your application. The letter of recommendation should come from someone that is a positive adult influence on your life and cannot be a family member. Some examples of reference writers include:

- Coach
- Teacher
- School counselor/ administrator
- Work manager
- FNL club advisor

The letter should be no more than a page and the writer should be able to answer these questions:

- i.What qualities does the applicant hold that would make them a good candidate for the SBCYC?
- ii.What is an experience that the writer has had with the applicant that showed their character?

## REFERENCES (2)

Two references should be submitted with your application below. Only one of the references can be from a family member. Examples of potential references include:

- Older siblings
- Parents/guardians
- Coach
- Teacher
- School counselor/ administrator
- Work manager
- FNL club advisor

Reference Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Reference phone number: (      ) -      Reference email: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Reference phone number: (      ) -      Reference email: \_\_\_\_\_

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## Parent Consent

I, \_\_\_\_\_, understand that \_\_\_\_\_ is applying to be part  
(Parent/Guardian) (SBCYC Applicant)  
of the San Bernardino County Youth Council (SBCYC). As an SBCYC member, they will be part  
of a dedicated group of young people from across San Bernardino County working on public  
health concerns affecting their communities. SBCYC members are expected to be leaders in  
their communities and make a positive impact on those around them. As a parent/guardian of  
an SBCYC candidates, I understand that I will be held to these standards and responsibilities:

- Ensuring that SBCYC members attend meetings twice a month, virtually or in person.
- Participating in all meetings required for parents/guardians.
- Providing or supporting students with transportation needs for all SBCYC events and  
functions.
- Signing all forms sent with students require parent or guardian signatures.
- Supporting participation in both the Social Emotional Learning (SEL) Conference and  
Youth Summit.

I understand that, if chosen, \_\_\_\_\_ will be part of a dedicated effort to make  
(SBCYC Applicant)  
change in San Bernardino County and that their role will have an important impact on youth  
across the county.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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