

6-month YES WORK ORDER FOR PARENT LEADERS AND YOUTH LEADERS

This form is used by Youth Empowerment Services partners - Department of Health and Welfare (DHW), State Department of Education (SDE) and Idaho Department of Juvenile Corrections (IDJC) - to request work/input from Parent Leaders and Youth Leaders for participation in the Youth Empowerment Services (YES) projects and program. This form is to be used when a YES partner wants to request a parent or youth to be part of their project, whether they have one identified or they are needing one identified, and whether the parent/youth is to be paid or volunteering their time.

Submit the completed work order to the Idaho Federation of Families for Children’s Mental Health (IFFCMH) at info@idahofederation.org 30 days prior to the anticipated start date of the parent’s or youth’s participation.

Requestor’ Name: _____ **Date of Request:** _____

Phone: _____ **Email:** _____ **Check one:** IDHW SDE IDJC

If the requestor has a ___ Parent Leader or ___ Youth Leader in mind, please add that name here with the individual’s contact information:

Name: _____ **Phone:** _____ **Email:** _____

Work Being Requested					
Task #	Name of work group, committee, etc.	Description of Task(s) & Deliverable(s) (e.g., attend a meeting and provide input, review a document, produce a document, present information)	Traits/Skills Needed of Parent/Youth	Anticipated # of Hours Needed	Start & End Dates Needed Not to Exceed a 6-month timeframe (Month/Year)
1					
2					
3					

To be completed by IFFCMH: Date Confirmed (within 48 hours of receiving request): _____