

## 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](mailto: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 (Month/Year)
1					
2					
3					

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