



YEP QUARTERLY ATTENDANCE		
CAUSE/ACTION:	EFFECT/CONSEQUENCE	
	WITH NOTICE	WITHOUT NOTICE
1 ST MISSED MEETING	No consequence	Warning
2 ND MISSED MEETING	Warning	Final warning
3 RD MISSED MEETING	Final warning	Corrective Action Plan meeting
4 TH MISSED MEETING	Corrective Action Plan meeting	Pause in YEP stipend
5 TH MISSED MEETING	Pause in YEP stipend	

YEP AMBASSADOR COMMITMENTS	
MONTHLY MEETINGS	1. First Friday of the Month 5:30 PM - 6:30 PM
	2. Second Tuesday of the Month 3:30 PM - 4:30 PM
	3. Third Wednesday of the Month 4:00 PM-5:00 PM
	4. Fourth Wednesday of the Month 3:00-4:00
QUARTERLY	1. First Friday in September, December, March, and June from 5:30 PM-7:30 PM a. In place of monthly meeting
REVIEW MEETINGS	1. Initial: At time of joining YEP, establish strengths and goals.
	2. 6 Month: After first six months, to review goals, strengths and areas ambassador is wanting to grow.
	3. Annually: At 1 year anniversary and every year after to review progress.
SPECIAL MEETINGS	Assigned Program Meetings
GROUP PROJECTS	As needed

YEP PAY SCALE			
1 ST YEAR MONTHLY RATE STANDARD	1 ST YEAR MONTHLY RATE WITH PROJECTS	2 ND YEAR MONTHLY RATE STANDARD	2 ND YEAR MONTHLY WITH PROJECTS
\$100	\$200	\$200	\$300

The expectation of YEP ambassadorship is to attend all meetings and work on assigned projects. YEP Ambassador will work with the YEP Coordinator in advance of meetings if unable to attend,

to allow YEP Coordinator to find coverage and to establish plan together on how to recoup missed hours.

Several events have media coverage, please identify comfortability with information sharing by initialing preferences below.

_____ I give the Department of Social Services permission to use photos taken at Youth Engagement Project events.

_____ I do not give the Department of Social Services permission to use photos taken of me at Youth Engagement Project events.

_____ I give permission to the Department of Social Services to use my first name in publication of Youth Engagement Project events.

_____ I do not give permission to the Department of Social Services to use my first name in publication of Youth Engagement Project events.

I _____, have reviewed Youth Engagement Project attendance requirements, pay scale and data sharing information.

Signature

Date

County of San Luis Obispo Department of Social Services

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