



# 2025-2026 W2BW National Student Advisory Council Application

Before completing this application, please look at the preview on our website under the ["Get Involved"](#) tab then under the ["Join NSAC"](#) tab and be prepared to answer all questions in one setting.

Please allow yourself at least 1 hour in total to fill out this application. This application has 3 parts, including recording and uploading a 2-3 minute supporting video.

Part One: About You

Part Two: Adult and Student References

Part Three: Filming & Upload Supporting Video

If you have any questions, please don't hesitate to reach us at [support@work2bewell.org](mailto:support@work2bewell.org)

[w2bwnsac@gmail.com](mailto:w2bwnsac@gmail.com) [Switch account](#)



The name, email, and photo associated with your Google account will be recorded when you upload files and submit this form

\* Indicates required question



Applicants should be enrolled in grades 9-12 during the '25-'26 school year. \*

- Yes, I will be.
- No - I will not. Please email us at [support@work2bewell.org](mailto:support@work2bewell.org) with an explanation.

Student's First Name: \*

Your answer

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Student's Last Name: \*

Your answer

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Preferred Name:

Your answer

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Please share with us what pronouns you use?

Your answer \_\_\_\_\_

What school will you be attending in the 2025-2026 school year? \*

Your answer \_\_\_\_\_

During the 2025-2026 school year – I'll be a: \*

- Freshman
- Sophomore
- Junior
- Senior

City: \*

Your answer \_\_\_\_\_



State: \*

Choose



If other, please specify:

Your answer

Student's Phone Number: \*

Your answer

Email: \*

Your answer



I am a: \*

- a returning council member
- new applicant

Does your school currently partner with Work2BeWell? If no, does your school have a mental health program or club? \*

Your answer \_\_\_\_\_

If you were to choose your #1 choice for a NSAC team which pillar would you choose? [\(Please review team information on Work2BeWell.org\)](#) \*

- Access
- Education
- Activation



If you were to choose your #2 choice for a NSAC team which pillar would you choose? [\(Please review team information on Work2BeWell.org\)](#) \*

- Access
- Education
- Activation

Do you have interest in a leadership position on the NSAC? Select all that applies: \*

- Yes, team lead.
- Yes, co-lead.
- No, thank you. I would like to be an active member this year.

What JEDI (Justice, Equity, Diversity, Inclusion) lens would you bring to the council? \*

Your answer

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Within the last 2-3 years, what are your TOP 5 service activities, extracurricular, or organizations you have involved in or supported? Please also add a description of the work you did with that organization/activity/extracurricular and the role you play.

**Example:**

(Service/involvement/extracurricular) Donation Nation Volunteering - (Description) With Donation Nation, I have volunteered 20 hours towards my community with our hospital, CHOP, and helped students in underprivileged areas receive school supplies. I did so by organizing supply drive and a distribution event in my community.

Your answer

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Is there any additional information that you would want to share with us to help with our selection process?

Your answer

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## Required Supporting Video

To complete this application, **you must submit 1 supporting video** responding to the questions below. **The supporting video submission should be 2-3 minutes long with the individual centered in the frame. Before recording, thoroughly review the questions.**

**\*\*If creating a video is a barrier to you applying, please reach out to us for an alternative method. Videos will not be evaluated for production/editing quality. We are most interested in hearing your authentic story. We recommend sitting in front of your laptop/camera/tablet/phone and speaking directly to the audience. Make certain you are visible and audible during your video. Check the lighting and listen to your video after you have recorded it to ensure you are happy with the final product before submitting. \*\***

**For new applicants - in the supporting video, please:**

1. Intro - First & Last Name and State
2. Why are you passionate about mental health?
3. If you become a NSAC member, what is one thing you want to accomplish while on the team?

**For returning applicants - in the supporting video, please:**

1. Intro - First & Last Name and State





2. Describe your involvement in the past year(s)?
3. Why would you like to continue to participate in W2BW?

**Only 1 video submission will be accepted. The video can be short in one take or edited together. Please do what makes you the most comfortable and remember to keep the video between 2-3 minutes long. Videos shorter or longer than 2-3 minutes will not be reviewed.**

**Before uploading your video, please title it accordingly:**

"LastName\_FirstName\_State\_Year". For example: Young\_Regina\_WA\_2025

If you need help or if you have any questions, please don't hesitate to email us at [support@work2bewell.org](mailto:support@work2bewell.org).

\*

Upload 1 supported file: video. Max 10 GB.

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## Adult & Students References

We may contact your references and ask them questions regarding your experiences and your applications.

**When using a teacher/advisor as an adult reference, please make sure to inform them that they may be contacted from W2BW.**



I understand that being a part of the NSAC requires having a trusted adult support \* system. This person can be a parent or other adult relative, a teacher, advisor or any adult that you trust that we can reach out to if needed. This can also be the same person as your adult reference if you wish.

The following person is my trusted adult, and if the Work2BeWell team has concerns about my well-being, they may reach out to them:

Yes, I understand and will provide my trusted adult's information.

Trusted Adult Support Name: \*

Your answer

Trusted Adult Support Relationship to applicant: \*

Your answer

Trusted Adult Support Email: \*

Your answer



Trusted Adult Support Phone Number: \*

Your answer

Adult Reference Name: \*

Your answer

Reference Relationship to applicant: \*

Your answer

Reference Email: \*

Your answer

Reference Phone Number: \*

Your answer



[Optional] Student Reference Name:

Your answer

[Optional] Relationship to applicant:

Your answer

[Optional] Email:

Your answer

[Optional] Phone:

Your answer

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