

**2016-
2017**

State of Alaska - DHSS

Women's, Children's

& Family Health

(WCFH)

- Adolescent Health

[YOUTH ALLIANCE FOR A HEALTHIER ALASKA]

Enclosed you will find an application for 2016-2017 YAHA membership. The State of Alaska is seeking 14 young people (ages 14-18) from across Alaska that are dedicated, resourceful, and creative, to advise the Alaska Division of Public Health on issues affecting teens such as substance abuse, violence, suicide, injury, teen pregnancy, nutrition, and fitness. Members will also collaborate on a statewide community action project. The completed application, materials, and a letter of recommendation are due May 15, 2016 no later than 5:00 p.m. to the WCFH office (by hand delivery, mail, fax, or email).



YOUTH ALLIANCE FOR A HEALTHIER ALASKA

Our mission: The Mission of the Youth Alliance for a Healthier Alaska is to advise the Adolescent Health Program and other health programs and to create interventions designed to improve the lives of adolescents in Alaska.

Who we are: We are a group of diverse, energetic teens ages 14-18 from across Alaska. We are interested in health and are enthusiastic about shaping how our state responds to youth issues that we all experience.

2015-2016 Members:

Alyssa, 16, Unalaska

Lynette, 18, Unalaska

Jessica, 18, Craig

Cassidy, 18, Ketchikan

Misha, 18, Sitka

Kayla, 17, Unalaska

JaLesia, 17, Anchorage

What we can do: In the 2016 school year we want to help make decisions, provide insight, and give advice on a wide spectrum of adolescent health topics. We will review materials created for teens by various health programs and will serve as a review committee before materials are designed or distributed. We also will be partnering with community organizations in the creation of a community action plan to address a youth related challenge that our home towns and villages may be struggling with.

Why listen to us? Youth voice is critical to the success of any program or intervention targeting youth and we are trained to give professional and constructive advice.

What we're doing: We meet on the first Sunday of every month throughout the school year. We have served as a focus group for a dating violence prevention campaign, a teen drinking campaign, a suicide prevention organization, the tobacco prevention program and others.

To see us in action and benefit from our expertise, please contact us to participate in one of our monthly meetings!

Get in touch with us: Email or call Jennifer Baker, Adolescent Health Program Manager in the Department of Health and Social Services, Section of Women's Children's and Family Health: jennifer.baker@alaska.gov

OR (907) 269-4517. Until then, please visit our website:

<http://dhss.alaska.gov/dph/wcfh/Pages/adolescent/yaha.aspx>.



YOUTH ALLIANCE FOR A HEALTHIER ALASKA

Application for the:
Youth Alliance for a Healthier Alaska

Complete applications (pages 3-7) must be received by: May 15, 2016 at 5:00 p.m. (please print and deliver to our office, mail to the address below, fax, or email).

Name: _____ Date of Birth: _____
Mailing Address: _____
City, State, Zip _____
Race & Ethnicity: _____ Gender: Male Female Other _____
School: _____

Year in School (2016-2017 school year):
 Freshman Sophomore Junior Senior Other _____

Home Phone: _____ Cell Phone: _____
E-mail Address: _____
Emergency Contact Name: _____
Emergency Contact Phone Number: _____
Shirt size: _____

Meeting Attendance:

Attending meetings is mandatory. Will you be able to attend meetings in Anchorage or call into a toll free telephone/video conference one weekend day per month beginning September 6th, 2016 (excluding holidays) from **12:00-3:00 p.m.** until May 7, 2017?

Please circle: Yes or No

If no, what could get in the way? How often would you miss meetings? _____

How will you get to meetings? (for those in the Anchorage and MatSu valley areas ONLY- Please let us know if you need help). _____

Will you be able to meet in Anchorage for an in-person, 2 day training on Saturday and Sunday, September 3-4, 2016 (all expenses paid, pending funding)? *This meeting will require you to travel with an **adult guardian** to Anchorage either on Friday evening or first thing Saturday morning before 8:00 a.m. and depart on Sunday evening, September 4, 2016.*

Please circle: Yes or No

Please write, cartoon, draw, or perform (and record) creative answers the questions below: (Please attach up to one sheet or if you choose to audio record, send 3-5 minute mp3 recordings for each question below).

1. Why are you interested in serving on the Youth Alliance for Healthier Alaska? (Example: I'm interested in improving teen health because...)
2. What qualities and/or experiences do you have that would benefit the group? (Example: I can speak more than one language, have experience with health issue, involved in state system, creative, etc.)
3. What are two public health issues that young people face in your community that you feel need to be addressed? How would you address these issues?
4. In what ways are you currently involved in your community? (Example: volunteering at a shelter, serving on community council, etc.)

Youth: By signing below, I agree to participate in YAHA for one year and miss no more than one meeting. I will do my best to act as a positive ambassador for YAHA and the Division of Public Health.

Youth Signature

Date

Parent/Guardian: My signature affirms that I am aware and supportive of my child's application to the Youth Alliance for a Healthier Alaska. I have read the one page informational flyer and I understand what will be expected of my youth. I understand that I will need to accompany my youth or assign a guardian to travel with them for the first meeting in Anchorage on September 3-4, 2016. I agree with the time commitment and transportation plan. Parent comments:

Parent/Guardian Signature

Printed Name

Telephone Number(s)

Parent Email Address

Would you like to receive email updates on your youths progress this year? Circle **Yes** or **No**

Date

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To: Youth Alliance for a Healthier Alaska

ATTN: Jennifer Baker

Alaska Division of Public Health

Women's, Children's & Family Health

3601 C Street, Suite 322

Anchorage, AK 99503

Fax: 907 269-3465

Phone: 907 269-4517

jennifer.baker@alaska.gov

YAHA Applicant Letter of Recommendation #1
From a School Representative (teacher, counselor, principal, etc.)

Name: _____

Relationship to Applicant: _____
(must be an adult other than the applicant's parent or guardian)

Please write a letter addressing the applicant's strengths and why they would be an asset to the Youth Alliance for Healthier Alaska (YAHA). YAHA is a statewide group of community minded teens that takes action on issues that affect their community. YAHA advises the Alaska Division of Public Health on issues affecting teens such as substance abuse, violence, suicide, injury, teen pregnancy, nutrition, and fitness.

Sponsoring Adult Signature

Telephone

Date

Email Address

YAHA Applicant Letter of Recommendation #2
From a Community Member

Name: _____

Relationship to Applicant: _____

(must be an adult community member other than the applicant's guardian or school representative)

Please write a letter addressing the applicant's strengths and why they would be an asset to the Youth Alliance for Healthier Alaska (YAHA). YAHA is a statewide group of community minded teens that takes action on issues that affect their community. YAHA advises the Alaska Division of Public Health on issues affecting teens such as substance abuse, violence, suicide, injury, teen pregnancy, nutrition, and fitness.

Sponsoring Adult Signature

Telephone

Date

Email Address

Thank you!

Final Application Submission Must Include:

1. Demographics and Meeting Dates Agreement (page 3)
2. Complete & Legible Answers to YAHA Membership Questions (Page 4)
3. Youth & Parent Signature Page (Page 5)
4. Letter of Recommendation from a School Administrator or Teacher (Page 6)
5. Letter of Recommendation from a Community Member (Page 7)

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