

**2015-  
2016**

**State of Alaska - DHSS**

*Women's, Children's &  
Family Health*

- Adolescent Health

# **[YOUTH ALLIANCE FOR A HEALTHIER ALASKA]**

Enclosed you will find an application for 2015-2016 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 March 16, 2015 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 in Alaska, 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.

**2014-2015 Members:**

Christian, 18, Unalaska

Megan, 16, Palmer

Amanda, 16, Unalaska

Ella, 15, Fairbanks

Elana, 16, Anchorage

Lynette, 17, Unalaska

Sharayah, 17, Ketchikan

Jeffrey, 17, Sitka

**What we can do:** In the 2015-2016 session, 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 statewide community action plan to address a youth related challenge that our communities may be struggling with.

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

**What we're doing:** We meet once a 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, contact us to schedule yourself into one of our monthly meetings!**

**Get in touch with us:** Email or call Jennifer Baker, Adolescent Health Program Coordinator in the Department of Health and Social Services, Section of Women's Children's and Family Health: [jennifer.baker@alaska.gov](mailto:jennifer.baker@alaska.gov) OR (907) 269-4517



Application for the:  
*Youth Alliance for a Healthier Alaska*

YOUTH ALLIANCE FOR A HEALTHIER ALASKA

**Complete applications (pages 3-6) must be received by: March 16, 2015 at 5:00 p.m. (please hand deliver to our office, mail to the address below, fax, or scan and email).**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Race/Ethnicity \_\_\_\_\_ Gender:  Male  Female  
School: \_\_\_\_\_

Year in School (2014-2015 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 5<sup>th</sup>, 2015 (excluding holidays) from **12:00-3:00 p.m.** until May 3, 2016?

**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 5-6, 2015 (all expenses paid)? *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 7, 2014.*

**Please circle:** Yes or No

**Please write, cartoon, draw, perform (and record), or creatively answer the questions below. (Please attach up to one sheet or if you chose to record, send a 3-5 minutes recording 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 issues that young people face in your community that you feel need to be addressed and why?
4. What are three of your strengths that will help the YAHA committee? (Example: I am able to get along well with others, 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.

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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 child. I understand that I will need to accompany my child or assign a guardian to travel with my child for the first meeting in Anchorage on September 5-6, 2015. I agree with his/her time commitment and transportation plan. Parent comments:

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Parent/Guardian Signature

Printed Name

Telephone Number(s)

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Parent Email Address

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

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Date

**Completed application (pages 3-6) are due no later than Friday, March 16, 2015 at 5:00 p.m. (please hand deliver to our office, mail to the address below, fax, or scan and email to the address below)**

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](mailto:jennifer.baker@alaska.gov)

## YAHA Applicant Letter of Recommendation

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 he/she 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.

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Sponsoring Adult Signature

Telephone

Date

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Email Address