

**2013-  
2014**

**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 2013-2014 YAHA membership. The State of Alaska is seeking 14 youth 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 community action project. The full application, materials, and letter of recommendation are due May 1, 2013 no later than 5:00 p.m.



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.

**2012-2013 Members:**

Max, 17, North Pole  
Manon, 17, Juneau  
Alicia, 14, Adak  
Tiadola, 16, Angoon  
Sam, 17, Anchorage

Megan, 14, Palmer  
Hope, 17, Wasilla  
Rachel, 17, Dutch Harbor  
Amanda, 17, Anchorage  
Chanmi, 17, Anchorage

Johanna, 18, Anchorage  
Annemarie, 16, Anchorage  
Alicia, 14, Anchorage  
Grace, 15, Anchorage  
Christian, 16, Dutch

**What we can do:** In the 2013-2014 session we 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. We also will 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 focus group before materials are designed.

**Why listen to us?** Youth voice is critical to the success of any program or intervention targeting youth!

**What we're doing:** We meet on the first Saturday of the every month throughout the school year and work on action projects on our own time. We have served as a focus group for a dating violence prevention campaign, a teen drinking prevention campaign, a suicide prevention organization, the tobacco prevention program, the Department of Agriculture, and served on the Advisory committee for the Healthy Alaskans 2020 efforts.

**Interested in having youth review your project? Schedule yourself into one of our monthly meetings to see us in action and benefit from our expertise!**

**Get in touch with us:** You can contact us through Jennifer Baker, Adolescent Health Program Coordinator in the 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: May 1, 2013 at 5:00 p.m. (by hand delivery, mail or fax)**

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

Year in School (2013-2014 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 on the 1<sup>st</sup> Saturday of every month beginning September 7<sup>th</sup>, 2013 (excluding holidays) from **12:00-3:00 p.m.** until May 3<sup>rd</sup>, 2014?

**Please circle:** Yes or No

If no, why not? How often would you miss meetings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you get to meetings? (for those in the Anchorage area ONLY- Please let us know if you need help) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be available to meet in person in Anchorage for a full day meeting on Saturday, September 7, 2013 (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, September 9, 2013.*

**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 this I agree to participate in YAHA for one year and miss no more than one meeting. I will do my best to act as an ambassador for this committee and YAHA positively.

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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 7, 2013. I agree with his/her time commitment and transportation plan. I give my permission for photographs and videotape of my child to be used in Health Department publications. Parent comments:

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Parent/Guardian Signature

Telephone Number

Date

**Completed application (pages 3-6) are due no later than Wednesday May 1, 2013 at 5:00 p.m. (please hand deliver, mail or fax)**

To: Youth Alliance for a Healthier Alaska

ATTN: Jennifer Baker

Alaska Division of Public 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 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