

**2018-  
2019**

**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 2018-2019 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 5, 2018 no later than 5:00 p.m. to the WCFH office (by hand delivery, mail, fax, or email).

[jennifer.baker@alaska.gov](mailto:jennifer.baker@alaska.gov) | FAX: 907 269-3465

Mailing Address: Women's, Children's & Family Health  
3601 C Street, Suite 322  
Anchorage, AK 99503



**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.

**2018-2019 Members:**

Julia, 17, Palmer

Member at large

Louella, 17, Unalaska

Destiny, 17, Anchorage

Trevor, 17, Unalaska

Evangeline, 18, Anchorage

**What we can do:** In the 2018 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.

**Please contact us to participate in one of our monthly meetings and benefit from our expertise!**

**Get in touch with us:** Email or call Jennifer Baker, Adolescent Health Project 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. Until then, please visit our website:

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



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 5, 2018 at 5:00 p.m. (please hand deliver to our office, mail to the address below, fax, or scan and email as a pdf).**

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

Year in School (2018-2019 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 1-3, 2018 (excluding holidays) from **12:00-3:00 p.m.** until May 5, 2019?

**Please fill in the circle:** Yes      No

What could get in the way of your regular attendance of training and meetings? How often would you miss meetings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For those living in the Anchorage and MatSu valley areas ONLY- How will you be able to attend the meetings in person? 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 1-2, 2018 (all expenses paid)? *This meeting will require members outside of Anchorage and the MatSu 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 2, 2018.*

**Please fill in the circle:**      Yes      No

**Please write, cartoon, draw, or perform (and record) creative answers the questions below: (attach up to one sheet or if you choose to audio record, send a 3-5 minutes recording (MP3) for each question below).**

1. Why are you interested in public health and 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.

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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 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 1-2, 2018. I agree with the 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? **Please fill in the circle: Yes No**

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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

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**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.

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Sponsoring Adult Signature

Telephone

Date

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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.

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Sponsoring Adult Signature

Telephone

Date

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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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