



**APPLICATION FOR THE TENNESSEE DEPARTMENT OF HEALTH
YOUTH ADVISORY COUNCIL**

The purpose of the Youth Advisory Council (YAC) is to bring together youth/young adults (14-24) to advise and collaborate with Tennessee Department of Health on activities, programs, policies, and resources affecting the health, wellness, and transition of youth in our state. This is a leadership position, and your experience and opinions are needed and valued.

Date of Application: _____

Name: _____

Street Address: _____

City, Zip: _____

Email: _____

Home phone: () _____ Cell phone: () _____

Parent(s)/Guardian names: _____

Age: _____

Grade: _____

School: _____

1. What is the best way to contact you: (Check one)

Home phone

Cell phone

Email

Other (please specify) _____

(Parent signature required if student is under 18 years of age.)

Youth Advisory Council (YAC)

Letter of Commitment

I, _____, accept the position as a volunteer member of the Youth Advisory Committee of the Tennessee Department of Health and Family Voices of Tennessee.

By accepting this position, I also pledge to accept and follow through on the responsibilities that come with this position:

- To attend meetings on a regular basis. If I must miss a meeting, I will make sure to communicate with the Council Coordinator.
- To review information that is sent to me before meetings begin, so that I may be prepared and productively contribute to the meeting.
- To keep meeting discussions confidential and not take decisions personally.
- I understand that actions which reflect negatively on YAC and/or the Tennessee Department of Health may be considered grounds for review of my continued membership.

I have read, understand, and agree to the terms listed in the YAC Operating Guidelines.

Signature

Date

Name of School

Grade Level

The following questions ask for some personal information about you. It is important that we select advisory council members who represent the diversity of Tennessee, as well as those who have a significant and extensive understanding of what it is like to have a special healthcare need, chronic illness, or disability. This information is confidential and will not be shared with anyone outside of the advisory board. Please keep in mind that as a member of the council, you may be asked to share your story. It is up to you what parts of your story you share, but you should have some level of comfort sharing some basic information about yourself. Sharing your story can also help bring about change. If you need extra space to answer any of the questions, feel free to use a separate piece of paper. Thank you for your interest.

1. Tell us about some of your experiences in dealing with your own special healthcare need, chronic illness or disability or someone else's (parent, sibling, grandparent, friend etc.) and how this experience has prepared you to serve on the YAC. Again, this information will be kept confidential.

2. Have you ever been involved with any Youth organizations, community organizations, committees, or councils? (For example: Student Government, Scouts, Service Organizations etc.) Why are you passionate about serving your community?

3. Why do you want to be a member of the Tennessee Department of Health Youth Advisory Board?

4. Briefly describe any leadership roles and/or experiences or other skills that you have that would benefit this Advisory Board:

5. Please complete the following information about yourself.

a. Race/Ethnicity

- African American/Black
- American Indian/Native Alaskan
- Asian
- Caucasian/White
- Hispanic
- Other, please describe _____

b. Gender

- Female
- Male
- Transgender Female
- Transgender Male
- Non-binary

c. Are you currently employed outside of the home?

- Yes
- No

d. If yes, where do you work and what do you do?

e. Is there anything that will prevent you from attending meetings or participating in the meetings?
Please describe:

f. How did you hear about this opportunity?

Please provide one written letter of reference. The letter should not come from a family member or anyone who is related to you. The Reference Letter should be brief and include:

- Name of the person
- Contact information
- How they know you
- How long they have known you
- Why they think you would be a good addition to YAC

Your references may send their letter of reference directly to:

Kendra Mitchell: Kendra.T.Mitchell@tn.gov

Jack Blanda: Jack_B@tndisability.org

Thank you again for your interest in the Tennessee Department of Health Youth Advisory Council.