



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.

Name: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Email: _____

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

Parent(s)/Guardian Names: _____

Parent(s)/Guardian's Cell phone: (____) _____

Age: _____ Grade: _____ School: _____

What is the best way to contact you? (Check one)

☐ Home Phone

☐ Cell phone

☐ Email

☐ Social Media (please specify) @ _____

☐ Other (please specify) _____

How did you hear about this opportunity?

☐ Parent

☐ Friend/Peer

☐ Social Media

☐ YAC member

☐ Community Organization

☐ Other, please describe _____



1. 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
☐ Other, please specify _____
☐ Choose not to answer.

c. Are you currently employed outside of the home?

- ☐ Yes
☐ No

If yes, please tell us where you work and what you do at work?

2. Are you involved in any activities outside of school? (Example: Youth organizations, community organizations, sports teams, clubs, committees etc.)

- ☐ Yes (Please list all activities below)
☐ No
☐ No, but I would like to get more involved with activities. (Please list any activities that you are interested in below)



3. Why are you interested in joining YAC?

4. **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

An optional reference letter template is included with this application. Your references may send their letter of reference directly to: Kendra Stewart: Kendra.T.Stewart@tn.gov

Applicant Signature: _____

Date: _____

Parent Signature: _____

Date: _____

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

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



Reference Letter Template

_____ 's referral (*applicant's name*)

Name: _____

Title/Position: _____

Company/Organization: _____

Address: _____

Email Address: _____

Phone Number: _____

Date: _____

Dear _____,

I am writing to highly recommend _____ for the **Youth Advisory Council** based on their outstanding performance and contributions during their time at _____.

_____ has consistently demonstrated their exceptional qualities which sets them apart from their peers. _____ is known for their _____, _____, and _____ [at least 3 specific characteristics or accomplishments that showcase their skills, leadership, communication, etc.] abilities.

Overall, _____ would be an asset to the **Youth Advisory Council**, and I am confident that they will excel in their future endeavors. If you have any further questions or require additional information, please feel free to contact me at the phone number or email listed above. Thank you for your consideration.

Sincerely,

Printed Name and Title

Signature: _____

Date: _____