4-H Healthy Living Teen Advocates will work with University of Idaho Extension to implement the 4-H Healthy Living Program – nutrition, physical activity, social well-being and community health.

**Time Commitment:** December 2019 to October 2020.

**Requirements for Teen Advocate:** A teen advocate must agree to and complete the following tasks:

1. Participate in *monthly* online (Zoom) meetings.
2. Attend state training on **January 25-26**th, 2020 in Caldwell
3. With a University of Idaho 4-H staff or Educator, complete **one** of the following:
   - Teach eight nutrition lessons. (Lesson planning and information is provided during state training.)
   - Work on a Well Connected Communities project (Marsing, Caldwell, Preston).
4. Promote healthy living by completing a community project that may include community events. The focus can be on nutrition, physical activity, social well-being, or community health. (See ideas below.)

**Benefits for You:**

- Receive training on the best healthy living strategies – nutrition, physical activity, social-well-being.
- Volunteer within your community and county, promoting healthy living.
- Gain experience working with younger youth.
- Build leadership skills through new experiences.
- Count hours toward high school community service requirement or senior project.

**Required Online Meetings and Training Dates:**

- Zoom meeting December 17th and January 7th and other dates to be determined.
- State Teen Health Advocate training, **January 25-26, 2020** in Caldwell.

**Ideas for Community Project & Promoting Health:**

- Map food vendors at your county fair (a project 2018 teen health advocates started.)
- Work on a Well Connect Community project (communities of Marsing, Caldwell, Preston only).
- Train other teens and adults on healthy living and youth-adult partnerships.
- Post healthy living messages to 4-H social media venues.
- Create and post healthy living videos.
- Create a photo journal of healthy snacks and recipes.
- Make a slide show for school announcements.
- Host a healthy living activity center at a fair or community event.
- Organize healthy living activities in conjunction with state, regional, or national events.
- Promote 4-H healthy living at district or state gatherings.
- Connect with other health organizations and work on issues like vaping, texting while driving, etc.
- Map healthy living resources in community – pathways, trails, sidewalks, recreation, food access, grocery stores, convenient stores, farmers markets. etc.
You must meet these MINIMUM QUALIFICATIONS:

- Must be 14 years old at time of application. (Unless involved with Well Connected Communities in Marsing, Caldwell, or Preston)
- Must be in 9th grade or equivalent (home-school or online school).
- Must be willing to participate in online meetings and attend state health advocate training. (See dates above.)
- Be interested in teaching health skills to other youth.
- Respond to texts, phone calls and emails from 4-H faculty and staff.
- No prior healthy living experience is needed.
- Have reliable transportation to get to teaching site(s) and community event(s).

It is great if you also have these DESIRABLE QUALIFICATIONS:

- Experience with 4-H Youth Development.
- Experience as a teen volunteer within your community.
- Basic knowledge/experience in the areas of health and fitness, sports, or nutrition.
- Ability to follow directions, complete assignments and meet deadlines; maintain confidentiality; and work cooperatively with others.
- Ability to speak Spanish fluently (for specific locations).

Application packets are due December 3, 2019.

APPLY to be a Teen Health Advocate:

2. Answer items at end of application and attach as a separate page to application, Part 3.
3. Have parent/guardian sign application.
4. Have your county-based 4-H Coordinator or Extension Educator sign application. (List of county Extension, [https://www.extension.uidaho.edu/find.aspx](https://www.extension.uidaho.edu/find.aspx))

Email completed application packets as a Word doc or PDF to:

Maureen Toomey, University of Idaho Extension, 4-H Youth Development
1904 E. Chicago Street, Suite A-B
Caldwell, Idaho 83605 | Phone: 208-454-7648 | mtoomey@uidaho.edu
PART 1

Application for Teen Health Advocate
Application due December 3, 2019!
Submit as a Word document or PDF.

Name (exactly as it appears on your legal identification):

___________________________________________________________________________________
First                  Middle                  Last

Name for Name tag: ___________________________  Your Date of Birth: ___________________________
First & Last          Month/Day/Year

Mailing Address: __________________________________________
Street                  City                  State                  County                  Zip Code

Your Cell Phone: ___________________________  Your Email: ___________________________

Parent Name: ___________________________
First and Last

Parent Cell Phone: ___________________________  Parent E-Mail: ___________________________

University of Idaho Extension Educator or 4-H Coordinator Name: ___________________________

School Name: __________________________________________  Current Grade: __________

School Address: __________________________________________
Street                  City                  State                  Zip Code

Principal’s Name: ___________________________

1. Are you available to attend the Health State Teen Advocate training in your area, January 25-26 in Caldwell? (4-H will support travel.)  
□ YES  □ NO

2. Are you willing to meet all Requirements for Teen Health Advocate listed above?  
□ YES  □ NO

3. Do you have reliable transportation to get to assigned teaching site or community event within your community?  
□ YES  □ NO

4. Are you activated in 4-H Online?  
□ YES  □ NO
   OR, is your parent willing to ‘enroll you’ or ‘activate your profile’ in 4-H Online?  
 □ YES  □ NO
PART 2

Previous work or volunteer experience

Name of Employer/Organization: ____________________________________________________________

Name of Supervisor: ___________________________________________ Phone Number: _____________

Address: ________________________________________________________ Street City State Zip Code

Length of Employment/Volunteering (include dates): ________________________________

Position & Duties: ________________________________________________________________________

________________________________________________________________________________________

Reason for Leaving: ________________________________________________________________

May we contact supervisor as a reference: ☐ YES ☐ NO

I certify that information contained in this application is true and complete. I understand that false
information may be grounds for not being accepted as a teen advocate. I authorize the verification of any or
all information listed above.

Teen Applicant Signature: ________________________________ Date___________

Parent Signature: ________________________________ Date___________

4-H Coordinator or Extension Educator Signature: ________________ Date___________
(From the county where you live)

(Continue to Part 3 and answer questions.)
PART 3
Answer the following questions with complete sentences.

1. Share your interest /experience in health, nutrition, physical activity, sports, outdoor recreation, and/or cooking. If you are bi-lingual list your second language and comfort in speaking.

2. If you are in 4-H, list your 4-H activities that you plan to do this coming year. (KYG, STAC, 4-H Projects, etc.)

3. List your school and community activities or other regular commitments. (sports, student government, FHLA, mayor’s youth advisory council, etc.).

4. If you have an idea of what you would like to do for a community health project, please share it here.