



4-H Teen Health Advocate

*Open to all interested youth. Applications due **December 3, 2019!***

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 25-26th 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:

1. Complete application packet - Part 1 and Part 2.
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>)

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.)

