



4-H Teen Health Advocate

*Open to all interested youth. Applications due **January 21, 2021!***

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: January to October 2021.

Teen Advocate get to:

1. Join monthly online (Zoom) meetings, on Wednesday's beginning January 27, 2021.
2. Attend the virtual National Youth Summit, February 12-15, 2021
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 monthly Zoom meetings.)
 - Work on a Well Connected Communities project (Marsing, Caldwell, Preston).
 - Design and deliver a community health project.
4. Promote healthy living at community events. The focus can be on nutrition, physical activity, social well-being, or community health. We will help you figure out a great project!

Benefits for You:

- Receive training on the best healthy living strategies – nutrition, physical activity, social-well-being.
- Stipend for community project and volunteer time (Zoom meeting hours not included) up to \$600.
- FREE Healthy Living Bag with tools, gadgets, and materials to participate in Zoom meetings and help you 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 Monthly Zoom Meetings beginning Wednesday January 27 through September 1, 2021, 6:30-8:00p.m. (Mountain time).

- Zoom meeting on Wednesday with the expectation you join 75% of them. See attached meeting schedule.

You must meet these MINIMUM QUALIFICATIONS:

- Must be 14 -18 years old at time of application. (12 -18 years if with the Well Connected Communities in Marsing, Caldwell, or Preston)
- Must be in 9th – 12th grade or equivalent home-school or online school. (Middle – High school if with the Well Connected Communities in Marsing, Caldwell, or Preston)
- Must be willing to participate in online meetings.
- 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.

It is great if you also have these DESIRABLE QUALIFICATIONS:

- Basic knowledge/experience in the areas of health and fitness, sports, or nutrition.
- Ability to follow directions, complete assignments and meet deadlines, and work cooperatively with others.
- Ability to speak Spanish fluently (for specific locations).

APPLY to be a Teen Health Advocate:

1. Complete application. Have parent/guardian sign application.
2. 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 **January 21, 2021!****

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 75% of the Teen Health Advocate meetings on Wednesday's from 6:30-8:00p.m. Mountain Time?
 YES NO
2. Are you willing to meet all *Requirements for Teen Health Advocate* listed above? YES NO
3. Do you have reliable transportation (family support) 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)

The University of Idaho provides equal opportunity in education and employment on the basis of race, color, religion, national origin, gender, age, disability, or status as a Vietnam-era veteran, as required by state and federal laws.