

INSPIRE

A NEW GENERATION OF HEALTHY KIDS!

America's youth have the idealism and energy needed to look beyond traditional barriers and see fresh ways of addressing childhood obesity.

The Alliance for a Healthier Generation's empowerME movement inspires kids to make healthy behavior changes and become advocates and leaders for healthy eating and physical activity. We're looking to bring together a select group of young people from across the country to serve on our Youth Advisory Board (YAB).

As a Youth Advisory Board member, you'll get to:

- Attend two in-person meetings with the entire membership of the Youth Advisory Board, one in July and the second in January 2010—don't worry, it's totally free for you and one parent or guardian!
- Join monthly conference calls to take care of business.
- Serve as Ambassadors of the Alliance for a Healthier Generation at meetings, conferences and in your community.
- Share feedback on Alliance's Kids' Movement materials.
- Lead a service base community project related to health in your area.
- Make YOUR voice heard on the best ways to empower youth toward long and health lives.
- Roll up your sleeves for a few hours a month for critical thinking, good fun, new friends, and high profile leadership.

Applicants must be between the ages of 8-17 years old when membership begins July 16, 2009 and live in the United States, including US Territories.

APPLICATION CHECKLIST

1. Fill out and complete all sections of the application accurately. We will not consider incomplete forms.
2. Make sure to give your recommenders the recommendation form to fill out and submit by the deadline.
3. The application, permission slip, and two recommendation forms must be completed and received by 5:00PM Eastern Time Tuesday, March 31, 2009. Incomplete or late applications will not be considered.
4. Once application is completed please mail to the following location:
Alliance for a Healthier Generation
Attn: Lizeth Sanchez
610 President Clinton Ave., Suite 200
Little Rock, AR 72201



APPLY
TODAY

IF YOU HAVE ANY QUESTIONS CONTACT US AT
empowerme@healthiergeneration.org

09-2010

YOUTH ADVISORY BOARD APPLICATION

Please fill in all information accurately and honestly before mailing the application. We appreciate your thoughtful, considered, and candid comments.

Personal information

FIRST NAME _____ MIDDLE INITIAL ____ LAST NAME _____

GENDER (circle one) M F BIRTH DATE ____ / ____ / ____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Please indicate the racial/ethnic categories by which you identify (optional)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American/First Nations | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Caucasian | | |

School information

SCHOOL _____ CURRENT GRADE _____

Parent or Guardian information

FIRST NAME _____ MIDDLE INITIAL ____ LAST NAME _____

RELATIONSHIP _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

FIRST NAME _____ MIDDLE INITIAL ____ LAST NAME _____

RELATIONSHIP _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

Emergency contact

FIRST NAME _____ MIDDLE INITIAL ____ LAST NAME _____

RELATIONSHIP _____

DAYTIME PHONE _____

09-2010

YOUTH ADVISORY BOARD APPLICATION

Extracurricular activities

We want to know a little bit about you. Give us the "Top 6" list that best describes who you are and what you're all about (organizations, interests, talents, goals, causes, etc...)

Example: I care about the environment, so I started a recycling program at school.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Listed below are skills we are looking for in Youth Advisory Board members. In what skill areas have you had experience?

- | | |
|---|---|
| <input type="checkbox"/> Multimedia/Communications | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Web Design/HTML | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Recruitment/Community Organizing |
| <input type="checkbox"/> Blogging/Podcasting/Internet | <input type="checkbox"/> Advocacy/Government |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Other (please describe) _____ |

Please list any honors, awards, or recognition for community, academic, or school activities that you've received.

Short answer questions In 300 words or less, answer the following 3 questions:

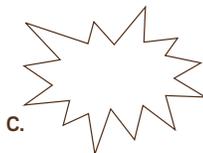
In your opinion, what is the biggest obstacle youth face when trying to live a healthier life?

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YOUTH ADVISORY BOARD APPLICATION

Short answer questions In 300 words or less, answer the following questions:

Select the object that best describes you by circling the letter next to the object and explain why in the space provided.



Think about this situation: You are in a classroom with several other people your age from across the country and everyone agrees on an idea, but you disagree, what would you do to get your opinion across?

09-2010

YOUTH ADVISORY BOARD APPLICATION

Recommendations

Required: The two recommenders you select must be adults, other than family members and relatives. They should know you well. For example: a teacher, religious leader, coach, mentor, employer, etc....

She or he must be familiar with your non-academic work and activities and be able to respond to questions related to you in the following areas: service and community, leadership initiative, and working in a group.

FIRST NAME _____ MIDDLE INITIAL ____ LAST NAME _____

POSITION/TITLE _____

RELATIONSHIP TO APPLICANT _____

SCHOOL/BUSINESS/ORGANIZATION _____

EMAIL ADDRESS _____

DAYTIME PHONE _____

FIRST NAME _____ MIDDLE INITIAL ____ LAST NAME _____

POSITION/TITLE _____

RELATIONSHIP TO APPLICANT _____

SCHOOL/BUSINESS/ORGANIZATION _____

EMAIL ADDRESS _____

DAYTIME PHONE _____

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YOUTH ADVISORY BOARD APPLICATION

Release and Indemnification (Permission Slip)

Activities of the Youth Advisory Board will include, without limitation, in-person meetings, emailing, internet based meetings, seminars, phone calls, instant messaging, other forms of online communication necessary to stay connected with Youth Advisory Board Members, Alliance for a Healthier Generation staff and others. Activities at the Youth Advisory Board "in-person" meetings may include activities and off site excursions that may involve vehicular transportation or walking which include the risk of being exposed to potential hazards and risks inherent in such activities including but not limited to vehicle accidents, physical exertion, falls, burns, cuts and contact with other participants. I hereby acknowledge these risks and expressly assume all risks, including personal injury and fatality, arising out of my child's participation in the Youth Advisory Board "in-person" meetings and related activities.

I acknowledge and agree that it is my responsibility to ensure that my child's clothing and equipment are appropriate and properly fitted for use in included activities. I represent and warrant that my child is physically fit and able to participate in the Youth Advisory Board. My child has been instructed to stop and request assistance if he/she experiences any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions that would make participation in activities difficult or unsafe to continue. I agree, for myself, my heirs, executors and administrators, not to sue and to release, indemnify, defend and hold harmless the Alliance for a Healthier Generation, the William J. Clinton Foundation, and the American Heart Association, Inc., their affiliates, officers, directors, volunteers, employees and agents, and all sponsoring businesses and organizations and their agents and employees, from and against any and all liability, claims, demands, and causes of action whatsoever, arising out of or brought in connection with my child's participation in this event and related activities - whether resulting from the negligence of any of the above or from any other cause.

Furthermore, I authorize the use or publication of my child's name, image or voice as may be captured by photograph or recording while participating in this event in any medium for any purpose, including illustration, promotion or advertisement. The copyright(s) in such photograph, recording, illustration, promotion or advertisement or other material shall be owned by the Alliance For a Healthier Generation, the William J. Clinton Foundation and the American Heart Association.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand and agree to the terms of this Agreement.

I am the legal guardian of the participant, and I hereby consent to his/her participation. I have read and explained the foregoing release and indemnification agreement to my child, and I hereby agree to its terms on behalf of myself and the Participant.

PARTICIPANT'S PRINTED NAME

PARENT/GUARDIAN'S PRINTED NAME

PARTICIPANT'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

NAME OF PARTICIPANT'S SCHOOL

DATE SIGNED