



## Youth Advisory Council to Promote Nutrition for Better Health Volunteer Application

**Position Title:** Nutrition Youth Advisory Council Member

**Location:** At applicant's school or community location (via online meeting)

**Time:** After school

The Alberta Health Services School Nutrition Integrated Working Group is looking for youth aged 15-19 years (in grades 10, 11, or 12 for 2019-2020 school year) to participate in a Youth Advisory Council (YAC). The YAC will advise us on nutrition topics that are important to them, and help us to learn how we can effectively reach youth in ways that are relevant, informative and interesting.

YAC is an opportunity for youth to work with Alberta Health Services and students throughout the province (via online) in the planning, implementation, and evaluation of nutrition resources.

What is the role of the Youth Advisory Council?

- To provide input and feedback on nutrition resources, messages and approaches that target youth ages 15-19 years, and are aimed at improving their nutritional knowledge, attitudes and behaviours.

Is there adult supervision?

- As part of this application, all students are asked to identify a Sponsor Adult at their school or community organization. In addition, the meetings will be facilitated by Alberta Health Services staff.

### Youth Applicant Contact Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Community Organization: \_\_\_\_\_

Town/City: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Sponsor Adult Contact Information

All applicants are required to have access to a public site (school or community organization) to attend online meetings. Please provide the location and contact information of the individual who will provide this support for the monthly meetings.

Name: \_\_\_\_\_

School/Community Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please return your application to [nutritionyouthadvisory@albertahealthservices.ca](mailto:nutritionyouthadvisory@albertahealthservices.ca)

All applicants will be contacted before the first meeting.



Related Experience

Please list any committees, councils, volunteer work, or youth groups that you have been involved with (attach additional pages if needed):

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Please share why you are interested in this group and what qualities (i.e. passion, leadership, etc.) you have that would benefit the YAC group.

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Please list the school or community room that you will attend the online meetings. Ask your Sponsor Adult for this information.

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**Are you available after school between 4:00-5:30 p.m.?                     YES  NO**

**Check the days you can meet after school.     Monday    Tuesday    Wednesday    Thursday**

Reference Adult Contact Information

Please list a reference contact, an adult (non-relative), who can speak to your commitment to important issues, accountability to your peers, and leadership skills.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Please read this carefully before signing:**

**The applicant should initial the following statement upon agreement:**

\_\_\_ I understand the requirements of the **Youth Advisory Council to Promote Nutrition for Better Health**, and if I am selected I will devote the time and effort necessary to participate in project activities and to attend all meetings. I understand the above commitments and agree to them by signing this application.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

**If youth is under 16 years of age, the applicant's parent/guardian should initial each of the following statements upon agreement:**

\_\_\_ I give my informed consent and permission for the youth to participate in the **Youth Advisory Council to Promote Nutrition for Better Health** and its related activities.

\_\_\_ I hereby grant permission for *the Youth Advisory Council to Promote Nutrition for Better Health* to make contact with the youth regarding scheduling and possible project activities.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature  
(Required if youth is under 16 years of age)

\_\_\_\_\_  
Date

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