



Teen Ambassador Application

Instructions: Please type or print clearly! Applications *must be fully completed* to be considered for selection. To apply to become a Teen Ambassador, the applicant must be at least 13 years of age and/or between freshman and junior year in high school during the 2016-2017 school year.
Application Deadline: Noon CT, Friday, June 3, 2016

Section I:

Name _____ Age _____ Birth Date _____ Gender _____

Address _____

City _____ State **TN** Zip _____

Cell Phone _____ E-mail Address _____

School / Community Group _____ Do you have a leadership role in this group?: Yes ___ No ___, If Yes Explain

Sponsor Name _____

School Attending _____ Grade (2016-17) _____

Are you registered to attend the FACT Summit? Yes ___ No ___

What social media networks do you use? *(Please fill in with handle/url)*

Facebook _____ Twitter _____

Instagram _____ Pinterest _____

YouTube _____ Snapchat _____

Section II: (Use extra paper if necessary)

Why do you care about tobacco prevention? _____

If you are selected to become a Teen Ambassador, what do you hope to accomplish? _____

What needs to happen in your community to prevent youth tobacco usage? _____

List your other activities (i.e. clubs, church, sports, outside jobs, hobbies, etc.). _____

Section III:

All applicants are required to record a video of themselves responding to the following statements/questions:

- 1) Tell us about yourself. **[30-60 seconds]**
- 2) Why do you care about tobacco prevention? **[30-60 seconds]**
- 3) Tell us about one of your favorite experiences involving tobacco prevention. **[at least 30 seconds]**
- 4) Tell us about an experience that demonstrates your abilities as a leader. **[at least 30 seconds]**
- 5) Other than tobacco prevention, tell us something else you're passionate about **[30-60 seconds]**
- 6) Why are you the best candidate to be the voice for youth tobacco prevention in Tennessee? **[30-60 seconds]**

Please make sure your video follows these guidelines:

- o Shot in **landscape** mode
- o Clear audio and video
- o Upload video to **YouTube** - make sure the privacy setting is "**Unlisted**" *not Private*

Once you've uploaded your Teen Ambassador Application video to YouTube, please email the link along with your first and last name to Fact.summit@tn.gov by **Noon CT on Friday, June, 3 2016**.

Section IV:

All applicants are required to attach one reference letter to their application. Letters must be submitted by an adult who is familiar with your skills and abilities related to working with youth, can verify your participation in youth-related activities and can describe an experience he or she has had with you that demonstrates your skills and abilities. Please include contact information for references on the letter. Adults to ask for references include: counselors, teachers, employers, supervisors, co-workers, pastors, priests, rabbis, youth ministers, coaches, etc.

A Teen Ambassador must exhibit a high degree of maturity, responsibility, flexibility and leadership ability. By signing the bottom of this application and submitting it for consideration, you are agreeing to the following:

I understand that:

- a.** The information I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Tennessee Department of Health, its employees and volunteers, thereof.
- b.** By signing this application, I have read the attached information and am applying to become a Teen Ambassador with the Tennessee Department of Health.
- c.** If selected to become a Teen Ambassador, I will meet all expectations listed in the Service Agreement, as well as any expectations that may be asked of me by the Tennessee Department of Health.
- d.** The Tennessee Department of Health may use photographs, video or audio that may be taken of me.
- e.** I affirm that the information that I have given on this form is true and correct.

Printed Name: _____

Signature _____ **Date** _____

Parent/Guardian Name: _____

Parent Signature _____ **Date** _____

Application Checklist

Please make sure you have completed all of the following to ensure we have all of your materials:

- Print out application and type or print clearly all of your responses
- Record video and upload to YouTube (post video as “**UNLISTED**”)
- Email YouTube link along with your first and last name to fact.summit@tn.gov by Noon Central Time on **Friday, June 3, 2016**
- Get one letter of recommendation from an adult
- Submit your application, recommendation letter and your signed Teen Ambassador Service Agreement in one of the following ways:
 - Scan and email by Noon CT on **Friday, June 3rd, 2016**
 - or**
 - Mail to:
**Tennessee Department of Health
Office of Communication & Media Relations
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway, Nashville, TN 37243**

Postmarked by **Friday, June 3, 2016**

******It is ultimately the responsibility of the applicant to make sure TDH receives all of the required paperwork by the deadline. We recommend following up to confirm receipt of your materials by emailing fact.summit@tn.gov or calling 615-741-1740.***

First Year Teen Ambassador SERVICE AGREEMENT

Service Term: July 2016 through July 2017

The purpose of this Service Agreement is to ensure all youth applicants fully understand the commitment necessary to fulfill the role and responsibilities as a Teen Ambassador. The Teen Ambassador, or TA Program is an integral part of the Tennessee Tobacco Prevention Initiative. Under the direction and guidance of the Tennessee Department of Health, TAs embody the qualities of leadership, civic involvement and public service necessary to lead both their peers and adults in the continuing effort to protect people from the harmful effects of tobacco use.

The main objective of the Teen Ambassador Program is to provide direction and leadership for Tennessee's events and resources. Teen Ambassadors serve as peer leaders for young people across Tennessee, strive to model effective youth-adult partnership strategies and serve as a primary youth voice for tobacco prevention in Tennessee. TAs represent their peers throughout the state and seek opportunities to advocate for tobacco prevention both locally and nationally.

Please review the following **mandatory** service requirements for a Teen Ambassador:

- Read and agree to the TA Personal Integrity Statement
- Attend one in-person statewide meeting
- Attend the 2016 & 2017 FACT Summits
- Staff the mandatory Summit in 2017
- Lead at least one tobacco prevention project by June 30, 2017.
- Deliver at least two presentations to youth and/or adults by June 30, 2017.
- Stay current on tobacco prevention and advocacy through articles, videos and trainings as assigned.
- Communicate regularly and in a timely manner with TDH, consultants and fellow TAs.
- Share/re-post FACT Summit-generated social media content as assigned.
- Have reliable, consistent internet access.
- Participate in monthly phone calls.
- Actively recruit groups to attend the FACT Summit and followers to our social media

Each TA will be reviewed regularly during the term of service in regard to meeting performance measures. In addition, TDH staff members may request a copy of a TDH report card to ensure academic responsibilities are being maintained. Any TA who fulfills the Service Agreement and completes a re-application when appropriate will be considered for term renewal. TDH has the right to remove any TA from active status based on inactivity or any conduct in contradiction to this agreement.

By signing this Service Agreement, said applicant agrees to abide by the terms set forth in this agreement and to make every effort to actively serve the full term of the Service Agreement should he/she be selected.

I have read and understood the Teen Ambassador Service Agreement & Personal Integrity Statement.

Should I be selected to become a 2016-17 Teen Ambassador, I agree to fulfill my commitment by meeting all of the agreed upon standards of conduct and service. I acknowledge that this opportunity is a privilege, and should I fail to meet the expectations listed above, I understand that I may be dismissed from the Teen Ambassador program.

Furthermore, I am committed to helping make the vision of a Tobacco-Free Tennessee a reality.

Printed Applicant Name: _____

Signature: _____ ***Date:*** _____

Printed Parent Name: _____

Parent/Guardian Signature: _____