

JULY 2024

# TNSTRONG AMBASSADOR APPLICATION

APPLICATION DEADLINE: AUGUST 30, 2024

LEAD, INSPIRE, ENGAGE, AND SHARE TOBACCO  
PREVENTION RESOURCES ACROSS TENNESSEE

Listen to our TNSTRONG  
playlist while you fill out  
your application!  
[spoti.fi/3QvR7wL](https://open.spotify.com/playlist/3QvR7wL)



*Please use the online form to apply if you are able: [redcap.link/2024apply](https://redcap.link/2024apply)*



## WHAT IS TNSTRONG?

**TENNESSEE STOP TOBACCO AND REVOLUTIONIZE OUR NEW GENERATION**

TNSTRONG is a youth-led, statewide movement that is committed to raising awareness of the dangers of tobacco and nicotine while fighting against the tobacco industry's influence on youth in the state of Tennessee. Our mission is to Protect, Promote, and Improve the health and prosperity of people in Tennessee.

The TNSTRONG Ambassador will plan, implement, and participate in tobacco education and advocacy events throughout the state. Ambassadors will be active members in their communities, counties, and statewide and will engage in activism, educate their peers, and inspire others to take action in the fight against tobacco. Ambassadors will receive specialized training to advance their knowledge and further their advocacy skills.

TNSTRONG Ambassadors are paving the way for the TNSTRONG movement throughout the state with the supervision provided locally and overseen by the Tennessee Department of Health, Tobacco Use Prevention and Control Program.





## **ELIGIBILITY REQUIREMENTS**

The TNSTRONG Ambassador Program is open to students; ages 13-19. Applicants must be in good academic standing with a minimum G.P.A. of 2.5 and maintain that average throughout their term. If selected, a copy of the ambassador(s) final semester GPA will need to be submitted to a Tobacco Control Team member.

## **ESSENTIAL APPLICATION COMPONENTS**

Each applicant must submit the following components of the application to be reviewed.

- Short Essay
- Video Submission
- Letter of Recommendation
- Copy of most recent grade card
- Signed Commitment and Agreement Acknowledgment

# SHORT ESSAY

Write an essay on one of the below topics and attach it to the application.

## Guidelines:

- The essay must be a select topic listed below
- The essay must be a minimum of 300 words, and a maximum of 500 words

## Topics:

1. Is teen smoking still a problem?
2. Smoking ban in public places.
3. The negative effects of traditional tobacco products and e-cigarette smoking.
4. Should tobacco companies be held responsible for smoking-related illnesses and deaths?
5. The relationship between tobacco smoking and stress.

# VIDEO SUBMISSION

All applicants are required to record a video of themselves responding to the following statements/questions. After you complete your video, upload the video to an unlisted private YouTube account using your first name. Submit the link to your video to **TNSTRONG.Health@tn.gov**.

1. Tell us about yourself. (30-60 seconds)
2. What makes you unique? (30-60 seconds)
3. What concerns you about the tobacco industry? (30-60 seconds)
4. What qualities make up a good leader? (30-60 seconds)
5. Name one (1) personal strength that you can bring to the TNSTRONG Ambassador Program and one (1) skill that you hope to develop while servings. (30-80 seconds).
6. Tell us why you are passionate about tobacco prevention.

# LETTER OF RECOMMENDATION

All applicants are required to attach one (1) recommendation letter.

What is a Letter of Recommendation? This letter should come from a community, school, or organization leader who knows you well and can describe what qualities you have that make you a leader. This leader should not be related to you. Letters must be submitted independently by an adult, over the age of eighteen (18), to the Tennessee Department of Health address listed on the title page of this application.

## Please address the following in the Letter of Recommendation

1. A paragraph explaining who you are, your relationship to the applicant, and your personal experiences or expertise.
2. An evaluation of the applicant in their skills/accomplishments and community involvement. If possible, offer specific examples that illustrate the applicant's strengths and qualifications that pertain to tobacco prevention.
3. A summary that explains why you would recommend this applicant and to what degree you would recommend them.

# COMMITMENT AGREEMENT

## **Service Term: July 1, 2024, through June 30, 2025/2026**

The purpose of the COMMITMENT AGREEMENT is to ensure all youth applicants fully understand the commitment and responsibilities necessary to fulfill the role and responsibilities of a TNSTRONG Ambassador. The contract is intended to inform the applicant's parents/guardians to assure commitment, and responsibilities are understood and supported in the event that these responsibilities conflict with work, school, or other family commitments. The TNSTRONG Ambassador Program is integral to the Tennessee Tobacco Prevention Initiative. Under the direction and guidance of the Tennessee Department of Health, Ambassadors embody the qualities of leadership, civic involvement, and public service necessary to lead peers and adults in the continuing effort to protect people from the dangerous effects of tobacco and nicotine use.

The primary objective of the TNSTRONG Ambassador Program is to Lead, Inspire, Engage, and Share tobacco prevention resources throughout the state of Tennessee.

## **What to Expect**

Ambassadors will be provided the opportunity to meet many individuals with different personalities and potentially make life-long friendships. Together they will initiate, plan, and participate in local and statewide events with the possibility of interacting directly with legislators. Ambassadors will develop leadership skills and the necessary understanding to harness the power of youth advocacy for tobacco use prevention and education.

## **Mandatory Responsibilities**

- Read and agree to the Commitment Agreement.
- Participate in 70% of monthly conference calls.
- Maintain good academic standing with a minimum of 2.5 GPA throughout the term.
- Have reliable and consistent internet access.
- Contribute information, updates, and queries from their region on monthly calls.
- MUST attend TNSTRONG Youth Summit
- Must attend in-person trainings, unless previously excused
- Submit monthly and/or quarterly reporting documents to Tobacco Control Team members.
- Regularly check in and respond to program emails within 24 hours of receipt.
- Participate in one (1) advocacy activity at their school.
- Assist in planning and leading nationwide tobacco events within their community. (Take Down Tobacco, aka Kick Butts Day, No Tobacco Day, Great American Smokeout).
- Deliver a minimum of two (2) presentations to youth and/or adults by end of the service term.
- Stay current on tobacco prevention and advocacy through articles, videos, and trainings as assigned.
- Communicate regularly and in a timely manner with Local and Regional Coordinators, the Tennessee Department of Health, Consultants, and Peers.
- Create a minimum of one (1) promotional video for virtual presentation.
- Assist in recruiting members and groups to attend the TNSTRONG Summit.
- Each Ambassador will be reviewed during the term of service for progress on program requirements. Additionally, Tennessee Department of Health staff members may request a copy of the Ambassador's report card to ensure academic responsibilities are being met. Tennessee Department of Health has the right to revoke an Ambassador's active service term based on inactivity or any conduct that is unbecoming of that of a TNSTRONG Ambassador.



**KEEP THIS  
COMMITMENT AGREEMENT  
FOR REFERENCE**



# APPLICATION

**Service Term: July 1, 2024, through June 30, 2025/2026**

Instructions: Please type or print clearly. Applications must be fully completed to be considered for selection. To apply, the applicant must be a rising 8th grader to College Freshman student, ages 13-19.

**Application Deadline: August 30, 2024**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

County \_\_\_\_\_ Region/Metro \_\_\_\_\_

Organization/School/Group \_\_\_\_\_

Do you have a leadership role in this group?  Yes  No

If yes, please explain \_\_\_\_\_

School Attending \_\_\_\_\_

Current Grade as of July 2024 \_\_\_\_\_

Will you attend the TNSTRONG Summit 2025  Yes  No  Maybe

How many years have you been involved in tobacco or any advocacy? \_\_\_\_\_

What social media networks do you use? (Please fill in the handle/URL)

Facebook \_\_\_\_\_ Instagram \_\_\_\_\_

Twitter \_\_\_\_\_ YouTube \_\_\_\_\_

Other \_\_\_\_\_

T-shirt Size \_\_\_\_\_

# SIGNATURE PAGE

## **Service Term: July 1, 2024, through June 30, 2025/2026**

A TNSTRONG Ambassador must exhibit a high degree of maturity, responsibility, flexibility, and leadership skills. By acknowledging and signing the Commitment Agreement, the applicant agrees to abide by the following terms set forth in this contract and to make every effort to actively serve the full term should he/she be selected.

Should I be selected to become a 2024-2025/2026 TNSTRONG Ambassador, I agree to fulfill my commitment by meeting all of the agreed 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 TNSTRONG Ambassador Program.

- I have read and understood the TNSTRONG Ambassador Commitment Agreement.
- I affirm that the information that I have given on this form is true and correct, and I am aware the information I have provided may be verified, if necessary, by contacting the 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 agree to hold harmless the Tennessee Department of Health, its employees, and volunteers thereof.
- The Tennessee Department of Health may use photographs, videos, or audio that may be taken of me.
- Furthermore, I am committed to helping make the vision of a Tobacco-Free Tennessee, a reality.

**Printed Applicant Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# PARENT SIGNATURE PAGE

**Service Term: July 1, 2024, through June 30, 2025/2026**

**Printed Parent/Guardian Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Parent/Guardian Contact Information**

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Cell Phone (\_\_\_\_\_)** \_\_\_\_\_ **Email Address** \_\_\_\_\_

## **Application Checklist**

Please make sure you have completed ALL the following before submitting your application.

- Complete the application (please print clearly)
- Sign the Signature Page
- Have your parent/guardian sign the Signature Page
- Short Essay
- Recorded video link emailed to [TNSTRONG.Health@tn.gov](mailto:TNSTRONG.Health@tn.gov) by August 30, 2024
- Letter of Recommendation
- Copy of most current report card

Submit all requirements of your application to **[TNSTRONG.Health@tn.gov](mailto:TNSTRONG.Health@tn.gov)** by August 30, 2024, or Mail to (Postmarked by August 30, 2024):

Tennessee Department of Health  
ATTN: Tobacco Prevention Program, TNSTRONG  
Andrew Johnson Tower, 7th Floor  
710 James Robertson Parkway, Nashville, TN 37243

*\*\*\*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 [TNSTRONG.Health@tn.gov](mailto:TNSTRONG.Health@tn.gov)\*\*\**