



Tennessee National Guard Youth Action Council 2023-2024 Application

What is the Youth Action Council?

The TNNG Youth Action Council (YAC) consists of members working together towards a common goal of identifying, defining, and addressing government policy and issues that contribute to the future of our military youth. Their purpose is to be actively involved in advocacy efforts in Tennessee and to help implement new ideas to enhance the quality of life for our service members and their families. The Child and Youth Program Coordinators (CYPC's), Michaela Gregory, will oversee this program and facilitate meetings and events.

CYP Contact information: Michaela Gregory, michaela.j.gregory.ctr@army.mil. **Office:** 615.313.0547

Why do we need YAC?

The Youth Action Council is an essential part of the TN National Guard Child and Youth Program. The council has the ability to advocate and change policy that can potentially affect the estimated 30,000 military children in the state of Tennessee.

What makes the YAC different from other student organizations?

Members are given unique opportunities to represent fellow military children in our state. They will evaluate policies, advocate for change and have the opportunity to participate in other workshops/events that will build life skills and prepare them for the future. Please see below for anticipated YAC events and expected community involvement.

Youth Action Council events include:

- 4 Youth Action Council Meetings
- Visits to Capitol Hill (speaking to legislators and other government officials)
- ENGATN conference
- NAGATN conference
- Luncheon presentations
- Community events
- Other pop-up events

Community involvement:

- Raising awareness within your school and school district
- Speaking to local government officials
- Other advocacy efforts

Attendance to quarterly YAC meetings is crucial. Other events are voluntary, but participation is highly encouraged.



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Requirements for TN National Guard Youth Action Council:

- The applicant must be a dependent of a current service member of the Army or Air National Guard.
- The applicant must currently be enrolled in 8th-11th grade.
- The applicant must have at least a “3.0” or higher GPA. **Please provide a copy of your most recent report card, transcript or documentation from a teacher on school letterhead.**
- If selected, you must maintain a GPA of “3.0” or higher. **You will be required to submit a progress report every 9 weeks.**
- The applicant must be willing and flexible to attend unique advocacy opportunities throughout the year.
- The applicant must be willing to attend Youth Action Council Meetings/ trainings, which will be held 2-4 times a year in the Middle Tenn. area. **Missing multiple meetings can lead to dismissal from the council.**
- The applicant must be willing to respond to emails and phone calls to the CYPs in a timely manner in reference to meetings and opportunities.

Application Check List

- Applicant Information
- Short Answer Statements
- At least two (2) recommendation forms completed by a teacher, coach, mentor, leader, etc. Recommendation forms completed by family members will not be accepted.
- School Information (report card, transcript or documentation from a teacher on school letterhead)

Completed applications must be submitted via e-mail to the TNNG Child and Youth Program by April 28, 2023 (michaela.j.gregory.ctr@army.mil).



Tennessee National Guard Youth Action Council 2023-2024 Application

Applicant information:

Name: _____ Gender: Male: _____ Female: _____ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Age: _____ Date of Birth: _____

Youth's cell phone: _____ Youth's e-mail: _____

School: _____ Current grade: _____ Graduation Year: _____

Parent/Guardian Name: _____ Parent cell phone: _____

Parent e-mail: _____

Parent/Guardian Name: _____ Parent cell phone: _____

Parent e-mail: _____

Service Member Name: _____ Army or Air National Guard: _____

Service Member's Unit: _____ Service Member's Major Command: _____

Short answer questions:

Please attach typed page(s) to answer the following questions completely.

1. Why do you want to be a member of the TNG Youth Action Council (YAC)?
2. What assets (personality traits, experiences, knowledge, etc.) do you offer to the YAC?
3. What do you believe is the biggest issue that military youth face? What are your ideas for combating this issue?
4. Describe a specific time when you led your fellow peers in an activity (sport, club/organization, church, school project, work, etc.)
5. Please list your current extracurricular activities (sport, club/organization, church, work, etc.) describe your role within each one and how often you are involved (daily, weekly, monthly, etc.). Be sure to include any leadership positions held.
6. The YAC is a big commitment and an important responsibility. Please explain how you will make YAC a priority in addition to your current activities/responsibilities. Please explain any reasons that might prevent you from attending YAC events.
7. As a YAC member you will have several opportunities to speak in front of various audiences (children, peers, adults, senior leaders, etc.) On a scale of 1 to 10, (1- very uncomfortable to 10- very comfortable) how comfortable are you with public speaking? Please provide a specific time where you have had the opportunity to speak in front of a group.

Youth's Name: _____ Date of Birth: _____

 Last First
Height: _____ Weight: _____ SSN: _____

Address: _____ City: _____ Zip code: _____

Parent/Guardian Name: _____ Date of birth: _____

Name of Person(s) to Contact in Case of an Emergency (Other than Parent/ Legal Guardian):

Name: _____ Relationship: _____

Contact Number: _____

Name: _____ Relationship: _____

Contact Number: _____

A copy of the child's insurance card must be enclosed.

****If you have TennCare or TriCare, only include your policy holder's SSN. ****

Please indicate with an X which insurance company your policy is under:

___ **TennCare** ___ **TriCare** ___ **Other**

Name and Address of Health Insurance Company:

Insurance Name: _____ (If other than TennCare/Tricare)

Address: _____ Policy number: _____

SSN: _____ (For TennCare or TriCare only)

**Health History: To be completed by parent or guardian. ALL
QUESTIONS MUST BE ANSWERED.**

1. Ever been hospitalized? ___Yes ___No
2. Have any allergies to food? ___Yes ___No
3. Have any allergies to Medicine (topical or oral)? ___Yes ___No
4. Have any allergies to the environment? (plants, insects, etc.) ___Yes ___No
5. Ever had surgery? ___Yes ___No
6. Have recurrent/chronic illnesses? ___Yes ___No
7. Had a recent infectious disease? ___Yes ___No
8. Had asthma/wheezing/shortness of breath? ___Yes ___No
9. Have diabetes? ___Yes ___No
10. Had seizures? ___Yes ___No
11. Had headaches? ___Yes ___No
12. Had fainting or dizziness? ___Yes ___No
13. Passed out/had chest pain during exercise? ___Yes ___No
14. Have problems with falling asleep/sleepwalking? ___Yes ___No
15. Ever had back/joint problems? ___Yes ___No
16. Have any skin problems? ___Yes ___No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Medics can provide the following over-the-counter medication as needed, please indicate the following medicine you approve for Medics to administer to your child:

Tylenol: ___Yes ___No **Pepto-Bismol:** ___Yes ___No **Benadryl:** ___Yes ___No **Aloe Vera:** ___Yes ___No **Calamine Lotion:** ___Yes ___No **Sunscreen:** ___Yes ___No **Cough Lozenges:** ___Yes ___No

Medical Treatment Permission Statement

If my child becomes ill or injured while in the care of the Child and Youth Program, I grant permission on behalf of the child’s family, for the Tennessee National Guard to seek medical assistance as may be deemed necessary. Please note any preference in medication for minor illness or injury (i.e. headaches).

I understand that I am responsible for all medical expenses incurred for the treatment of my child.

Print Name (Parent or Legal Guardian) Signature (Parent or Legal Guardian) Date

The Tennessee National Guard, Military Family Readiness Operations, or its affiliates will not be responsible for medical bills.

Media Release

I'm permitting _____ to participate in the Tennessee National Guard Youth Action Council, I am specifically granting my permission both during and any time after to the Tennessee National Guard Youth Development program to use the youths likeness, name, voice, and words in television, radio, film, newspaper, and other media and in any form for the purpose of advertising or communicating for the purposes and activities of the TN National Guard Youth Development Program and/or applying for funds to support these purposes and activities.

Print Name (Parent or Legal Guardian) Signature (Parent or Legal Guardian) Date

Release and Hold Harmless Agreement

For and in consideration for the attendance of my minor child _____ at the Tennessee National Guard Youth Action Council (hereinafter referred to as the "YAC") I/we do hereby agree to release, and hold harmless the State of Tennessee, the Tennessee National Guard (it being expressly understood and agreed that the terminology "Tennessee National Guard" includes the Military Department of the State of Tennessee, the United States of America, the Department of Defense, its officers, agents, employees, assignees, and other representatives in their official and individual capacity) from any and all claims, demands, and causes of action arising out of or pertaining to any loss, damage, injury, death, property damage or property loss (collectively referred to hereinafter as "damages") sustained by the undersigned or the undersigned's minor child regardless of whether such damages resulted in whole or in part from a negligent act or omission, or defects in any of the equipment used to support the camp or regardless of by whom such damages are caused, including but not limited to damages caused in whole or in part by co-participant/another minor child or children, third parties or agents/employees of the parties named herein. By signing this agreement, I/we do hereby waive and forfeit forever any demands, claims, or causes of action to which the undersigned might otherwise become entitled against the State of Tennessee, the Tennessee National Guard and the Tennessee National Guard Youth Action Council.

Print Name (Parent or Legal Guardian) Signature (Parent or Legal Guardian) Date

Thank you for applying to the Tennessee National Guard Youth Action Council!
Completed recommendation forms maybe returned to the applicant for submission, or e-mailed directly to the Child and Youth Program, michaela.j.gregory.ctr@army.mil.



Tennessee National Guard Youth Action Council 2023-2024 Recommendation

Important information for recommender

What is the Youth Action Council (YAC)? The council consists of members working together towards a common goal of identifying, defining, and addressing government policy and issues that contribute to the future of our military youth. Their purpose is to be actively involved in advocacy efforts in Tennessee and to help implement new ideas to enhance the quality of life for our service members and their families. The council has the ability to advocate and change policy that can potentially affect the estimated 30,000 military children in the state of Tennessee.

Desired Characteristics of YAC applicants

- **Awareness:** Demonstrates knowledge of key issues facing military youth.
- **Citizenship:** Displays a sense of concern for fellow teens and the community.
- **Involvement:** Sets a positive example for involvement in extracurricular activities including community service opportunities. But is not over involved and can fulfill the expectations for this position.
- **Motivation:** Expresses enthusiasm toward the mission of the YAC and a desire to make a difference.
- **Responsibility:** Demonstrates maturity and the ability to follow through with a yearlong commitment to the YAC.
- **Creativity:** Exhibits creative problem-solving skills.
- **Work ethic:** Hard working and demonstrates leadership qualities.
- **Teamwork:** Understands the concept of working in a team and works well with others.
- **Originality:** Introduces unique abilities, interests, and ideas to the team.
- **Articulation:** Communicates opinions clearly and thoroughly.

If you have any questions or concerns, please feel free to contact our office @ 615.313.0547, or by email: michaela.j.gregory.ctr@army.mil.



Tennessee National Guard Youth Action Council 2023-2024 Recommendation Form

Completed recommendation forms may be returned to the applicant for submission, or e-mailed directly to the Child and Youth Program, michaela.j.gregory.ctr@army.mil.

Applicant's name: _____

Applicant's High School: _____

Your Name: _____ E-mail: _____

For how long and in what capacity have you known the applicant? _____

Based on what you have read about the Youth Action Council and the characteristics we are looking for, why do you believe this applicant is a strong candidate for this position?

Please rate how well your applicant demonstrates the following characteristics on a scale from 1 to 10, 10 being excellent, 1 being very poor. Please list your rating.

Awareness: _____	Creativity: _____
Citizenship: _____	Work Ethic: _____
Involvement: _____	Teamwork: _____
Motivation: _____	Originality: _____
Responsibility: _____	Articulation: _____

Please provide additional comments about the applicant's strengths, challenges, interests, experience accomplishments, abilities, potential or anything else you feel relevant. Attach additional pages as necessary. _____

Your signature: _____ Date: _____

Thank you!



Tennessee National Guard Youth Action Council Code of Conduct

To ensure that the Tenn. National Guard Youth Action Council is a positive and enjoyable experience for all participants, it is necessary to establish and enforce high standards of behavior. Please read the following information and sign below.

As a representative of the Tennessee National Guard Youth Action Council, you will be asked to uphold the following conduct and behavior standards:

- I will maintain a GPA of “3.0” or higher.
- I will be courteous and respectful towards others.
- I agree to value and respect others’ ideas regardless of whether they are the same as my own.
- I will actively participate in all activities during training sessions.
- I will conduct myself in a professional manner at all times.
- I will dress appropriately at all times. Revealing clothing or apparel featuring alcohol, tobacco, and other drug messages is prohibited. The State Youth Program Coordinator reserves the right to assess the meaning of appropriate.
- I will conform to prescribed curfews during overnight sessions unless scheduled activities extend beyond this time.
- I will not use any alcohol, tobacco, or other drugs or engage in any behavior of a sexual or violent nature at any time during the training/meetings.
- I understand that I will forfeit my position as a Youth Action Council member for any misconduct or repeated behavior and be required to leave.

If selected as a representative of the Tennessee National Guard Youth Action Council, I will represent not only myself, but National Guard teens throughout the nation and I will pledge to uphold this commitment. I understand that if I am not able to remain in good standing during training sessions and with the commitments set forth, I will be asked to resign.

___ I understand and will uphold the expectations on the Youth Action Council. If selected, I accept the duties and responsibilities of this leadership role.

Youth Name (printed): _____

Youth Signature: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____