

YOUTH WELLNESS WARRIORS

APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Date of Birth: _____ Tribal Affiliation: _____

Parent's Names: _____

Parent's E-Mail: _____

List activities you have been involved with in your community:

Why would you like to be a Youth Wellness Warrior for your community?

What are some of the strengths of your community?

1. _____
2. _____
3. _____
4. _____
5. _____

Have you recieved any training previously from TCC?

*Please return this application to TCC Prevention Through Wellness staff
122 First Avenue suite 400, Fairbanks, Alaska 99701 or email to: prevention@tananachiefs.org.*

NAME _____

DATE _____