

Prevention Through Wellness

YOUTH WELLNESS WARRIORS

Application

Full Name: _____

Birth Date: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/St.: _____ Zip: _____

(If you do not have a permanent address, please list an address where you frequently stay)

What is the best way to reach you? Phone Text Email Other: _____

Gender: Male Female Other: _____

Grade in School: _____ School Name/ Location: _____ Not in School
i.e. 9th, 10th, 11, 12th, Graduated Check if didn't graduate/dropped out

Ethnicity (select all that apply): Alaskan Native or American Indian Asian Black/African American
Hispanic or Latino White/Caucasian Other: _____

How did you learn about Youth Wellness Warriors (YWW)? (Select all that apply)

Flyer/Poster Radio Web page Friend Family Youth Council
TCC Staff School Teacher Other: _____

Which part of the Youth Wellness Warrior Project are you interested in?

Youth Wellness Movement Youth Leadership through Arts

What did you hear about YWW that made you the most interested in applying?

What do you hope to achieve by attending/participating in the YWW?

Are you currently enrolled or participating in any other community or school programs or services?

Yes No If yes, please describe:

What are some of your wellness or cultural strengths?

Do you have consistent and stable internet access? (Check all that apply)

At home

Other public location

Will you be able to use it for the Youth Wellness Warrior's classes and online activities? Yes No

Does your community have cellular service?

No

Yes - Which Providers? _____

Are you on any of the following social media platforms? (Mark all that apply)

Facebook

Twitter

Instagram

Snapchat

Other: _____

If classes and activities are held virtually, in what way do you think you will be able to attend?

(Mark all that apply)

Zoom

Facebook Live

Phone

Google Meet

Are you Tribally Enrolled? Yes No

If yes, where are you Tribally Enrolled? _____

*** Please read carefully and thoroughly before signing ***

I agree that the information I provided is true and accurate, and I have answered all questions the best I can. I will cooperate in the selection process with the TCC Wellness Program.

I understand participation in the Youth Wellness Warrior project is voluntary with no payment for participating, that it is a several months commitment, and I agree that I can meet the minimum expectations outlined below.

The Youth Wellness Movement involves:

- Participating in once-a-week virtual classes (live streaming or posted videos) for 4 months.
- Completing weekly activities/challenges and posting your results.
- Interacting with the prevention team via social media and e-mail.

The Youth Leadership through Arts involves:

- Participating in once-a-week live on-line class for 4 months.
- Actively participating in a sampling of different creative arts methods for healing and inspirational expression such as poetry, film, photography, dance, music, comedy, painting, sculpting, acting, etc.
- Interacting with the course instructors via social media, e-mail, and phone.
- Participating in an art showcase inspiring wellness in your community through the art form of your choice at a community virtual event.

I agree that if I choose or am not able to continue to attend after I start, I will let project staff know as soon as possible so someone else may be able to be enrolled in my place.

The Youth Wellness Warrior program is limited to 25 participants in each services group. Participants must reside in a rural community within the TCC region, agree to attend sessions and activities, and participate in projects. I understand that the primary objective of the project is to explore and participate in healthy outlets and healthy communication. Therefore, during and after training completion, participants should be willing to be examples of wellness for their community.

For more information please contact: Autumn Cantu at Autumn.Cantu@tananachiefs.org.

Please Return this application to autumn.cantu@tananachiefs.org or Fax to: (907) 459-3985

If you are unable to send a signed copy due to COVID-19 limitations, submit without signatures and we will verbally contact you to verify your consent.

Your Signature

Date

Parental Information

Please fill out at least one, but up to two of your parents or active guardian's information.

If I am under the age of 18, I give permission to the TCC Wellness Program to contact my parents/guardians to verify they agree with my participation.

First Parent/Guardian

Second Parent/Guardian

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

I agree to allow my youth to participate in the Youth Wellness Warrior program and I understand this will involve access to and posting on the internet. I understand that continued participation is requires my child to follow the guidelines of the facilitators and respectful communication and behaviors.

Parent Signature

Date