

Nutrition Youth Advisory Panel Volunteer Application

Location: At applicant’s school or community location (*via online meeting*)

Time: After school

The Alberta Health Services School Nutrition Integrated Working Group is looking for youth aged 15-19 years (in grades 10, 11, or 12 for the upcoming school year) to participate in a Nutrition Youth Advisory Panel (NYAP). The NYAP will advise us on nutrition topics that are important to them, and help us to learn how we can effectively reach youth in ways that are relevant, informative and interesting.

NYAP is an opportunity for youth to work with Alberta Health Services and students throughout the province (*via online*) in the planning, implementation, and evaluation of nutrition resources.

What is the role of the Nutrition Youth Advisory Panel?

- To provide input and feedback on nutrition resources, messages and approaches that target youth ages 15-19 years, and are aimed at improving their nutritional knowledge, attitudes and behaviours.

Is there adult supervision?

- The meetings will be facilitated by Alberta Health Services dietitians.

Youth Applicant Contact Information	
Name (<i>Last name, First name</i>)	Date of Birth (<i>yyyy-Mon-dd</i>)
School/Community Organization	
Town/City	Phone
Email Address	
Related Experience	
Please list any committees, councils, volunteer work, or youth groups that you have been involved with (<i>attach additional pages if needed</i>)	
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Please share why you are interested in this group and what qualities (*i.e. passion, leadership, etc.*) you have that would benefit the NYAP group.

Are you available after school between 4:00 - 5:30 pm? Yes No

What days you can meet after school (*check*)

Monday Tuesday Wednesday Thursday

Reference Adult Contact Information

Name (*Last name, First name*)

Relationship

Email Address

Phone

Please read this carefully before signing

The applicant should initial the following statement upon agreement:

_____ I understand the requirements of the **Nutrition Youth Advisory Panel** and if I am selected I will devote the time and effort necessary to participate in project activities and to attend all meetings. I understand the above commitments and agree to them by signing this application.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Youth Signature

Date (*yyyy-Mon-dd*)

If youth is under 16 years of age, the applicant's parent/guardian should initial each of the following statements upon agreement:

_____ I give my informed consent and permission for the youth to participate in the **Nutrition Youth Advisory Panel** and its related activities.

_____ I hereby grant permission for the **Nutrition Youth Advisory Panel** to make contact with the youth regarding scheduling and possible project activities.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/guardian Signature (*youth is under 16 years of age*)

Date (*yyyy-Mon-dd*)

Please return your application to nutritionyouthadvisory@albertahealthservices.ca

All applicants will be contacted before the first meeting.