





Thank you for your interest in the Knox County Youth Health Board (YHB). YHB is a collaborative effort between the Knox County Health Department and Coordinated School Health that serves as an opportunity for youth to gain skills and to affect the health and well-being of our community. This youth-driven effort provides opportunities to partner with health professionals from the Knox County Health Department and other community groups to explore and act on a variety of health issues.

Youth Health Board is made up of a diverse group of young people from across Knox County. We are looking for students who demonstrate strong leadership skills, a commitment to the community, an interest in health-related issues, and a desire to grow these skills.

Students who are selected to serve on Youth Health Board will be able to explore the field of public health and expand their knowledge by working with numerous health professionals. Members will work with their community to address issues that they are passionate about.

Youth Health Board applicants will need to commit to:

- Serving a one-year term, May 2022 April 2023 (plus tentative fun summer activity July 2022)
- Attending monthly meetings held on following dates from 5:00 6:30pm at the Knox County Health Department (4th Tues. of the month): August 23rd, September 27th, October 25th, November 22nd, January 24th, February 28th, March 28th, and April 26th
- Attending a minimum of two Focus & Social meetings held on the following dates from 5:00 –
 6:30pm at various locations (2nd Tues. of the month): September 13th, November 8th, January 10th, March 7th (adjusted due to KCS Spring Break)
- Serving a minimum of 15 hours through various volunteer and public health community events planned by the membership of the board and facilitators

To increase chances for consideration, please submit your application as soon as possible.

Please submit your application via email to reantha.pillay@knoxcounty.org, fax (865-215-5148) or mail (below).

Application deadline: April 15th

Knox County Health Department (KCHD) Attn: Reantha Pillay 140 Dameron Avenue Knoxville, TN 37917



Application for Membership

Knox County Youth Health Board 2022-2023

Only complete applications will be considered.

Student Name (First/Middle/Last):		
Other name preferred (nicknames, etc.):		
Home Address:		
City, State, Zip:	Home Phone:	
Applicant Cell Phone:	Applicant Email:	
What high school will you attend next school year (2022-2023)?		
What grade level will you be in next school year (2022-2023)?		
Where did you hear about the Youth Health Board?		

*** Two references are required with this application. ***

Parent/Guardian Name(s):	
Cell Phone:	Email:
Cell Phone:	Email:

Please return completed forms by email to <u>reantha.pillay@knoxcounty.org</u> or fax 865-215-5148. You can also mail your application to:

Knox County Health Department, Attn: Reantha Pillay, 140 Dameron Ave. Knoxville, TN 37917.

To increase chances for consideration, please submit your application as soon as possible.



2022-2023 Knox County Youth Health Board Application

Please answer the following questions:

1. Help us get to know you.

a. What three things are you most proud of?

b. Who is your role model (historical or present), and why?

c. What are two things you would like us to know about you?

- 2. Have you applied for the Knox County Youth Health Board in previous years? If yes, when?
- 3. Why are you interested in serving on the Youth Health Board, and what do you feel you can contribute? (minimum of 100 words)



Please rank the public health areas that you are interested in. 1=Most Interested 12=Least Interested

Violence & Bullying	Physical Activity & Nutrition	Increased Public Spaces
Drugs & Alcohol	Teen Pregnancy Prevention	Distracted Driving
Tobacco/Vaping	Safety	Eating Disorders
STD's	Environment	Stress

List any other Public Health Areas you are interested in

5. Please list any clubs/groups/organizations/sports teams that you plan to participate in or try out for in 2022-2023 and when they meet. Will this participation conflict with YHB meetings and service opportunities? If yes, please explain.

6. Commitments include the following:

- Monthly meetings August 23rd, September 27th, October 25th, November 22nd, January 24th, February 28th, March 28th, April 26th from 5:00 P.M. to 6:30 P.M. at the Knox County Health Department.
- Attend at least 2 Social/Focus meetings September 13th, November 8th, January 10th, March 7th, from 5:00 P.M. to 6:30 P.M. at various locations in Knox County.
- Volunteer at designated monthly service opportunities for a minimum of 15 service hours during the school year.

Will you be able to meet the above commitments? Please explain if you are unable to <u>fully</u> meet this commitment. Also, please note if transportation would be an issue.

Student Applicant Signature: _____

Parent Signature: ______



References

Please provide complete contact information for two references (non-family members). Be sure to inform your references that you are using them for the Youth Health Board application process. We will contact them if needed.

Reference Name:		
Organization (if applicable):		
Address:		
City, State, Zip:		
Phone:	Email:	
How do you know the reference?		
	wen the reference?	
How long have you kno		

Reference Name:		
Organization (if applicable):		
Address:		
City, State, Zip:		
Phone:	Email:	
How do you know the reference?		
How long have you kno	own the reference?	