



## Above the Influence - Kent County Youth Coalition™ YOUTH MEMBERSHIP APPLICATION

### What is the ATI-Kent County Youth Coalition?

The Above the Influence (ATI)-Kent County Youth Coalition is a Generation Y and Z-driven committee powered by the Kent County Prevention Coalition. The ATI-Kent County Youth Coalition™ was birthed out of a vision to empower community youth, ATI-Kent County Youth Coalition™ is designed to equip middle and high school youth (6<sup>th</sup> – 12<sup>th</sup> grade) to think critically about personal choices and future ambitions, emerging community health and wellness trends related to underage substance use/misuse, and the power community teens have individually and collectively to impact peers, family and community norms and the world by making a personal commitment to live Above the Influence. It is a wonderful leadership opportunity for middle - high school-aged youth who live in Kent County.

### ATI-KENT COUNTY YOUTH COALITION MEMBERS WILL:

- Become investors in the health and wellness of Kent County
- Develop leadership skills and talents
- Build relationships and friendships with teens across the county
- Learn to be entertaining, creative, trend-setting, and passionate about issues you believe in
- Participate in professional development opportunities
- Be able to commit to meeting on the 1<sup>st</sup> and 3<sup>rd</sup> Mondays [3:45-5:30 pm] of each month October – May
- Earn cool incentives!

### WHAT DOES AN ATI-KENT COUNTY YOUTH COALITION™ MEMBER DO?

Members Support and engage others [peers, schools, clubs, sports teams, organizational affiliations, faith communities, administrators, parents, personal networks, etc.] in the coalition's mission and work. Member are empowered representative who will be present and engaged in the coalition's work, attend meetings and events regularly, and accomplish assigned tasks between meetings. Members lead and participate in monthly meetings and ATI-Kent County Youth Coalition™ activities.

### HOW TO APPLY

To apply for the 2017/2018 Youth Coalition, you'll need to do all of the following:

- Fill out the application form completely and attach a creative image of yourself.
- Mark this day on your calendar or tattoo it to your hand. Just put it somewhere. Application Submission Deadline: end of the day, **Friday, September 15, 2017**
- Final Interviews will be held **September 18-20, 2017 4:00-6:00pm**. Upon receipt, review, and acceptance of your application, an interview time will be scheduled.

Please direct any questions and send applications to:

Kent County Prevention Coalition  
790 Fuller AVE NE Grand Rapids, MI  
49503

P: 616.855.5298

F: 616.336.3593

[kpcstaffcoordination@gmail.com](mailto:kpcstaffcoordination@gmail.com)



## ABOVE THE INFLUENCE-KENT COUNTY YOUTH COALITION™ MEMBERSHIP APPLICATION

### GENERAL INFORMATION:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(First) (Last)

Home address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Home phone: ( ) \_\_\_\_\_ Your Cell phone: ( ) \_\_\_\_\_

Your Email address: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male:  Female:

### PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_  
(First) (Last)

Home address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Parent/Guardian cell phone: ( ) \_\_\_\_\_ Business phone: ( ) \_\_\_\_\_

Parent/Guardian Email address: \_\_\_\_\_

### ON AN ATTACHED SHEET, PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Tell us about yourself. Include any activities you plan to participate in this 2017/2018 school year?
- Why is it your desire to join the Youth Coalition?
- How would your peers describe you?
- Why do you think your voice as a youth is important?
- What do you feel you would contribute to the group?

### PLEASE CHECK ALL THAT APPLY:

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic / Latina | <input type="checkbox"/> Urban    |
| <input type="checkbox"/> Asian-American   | <input type="checkbox"/> Multi-Racial      | <input type="checkbox"/> Suburban |
| <input type="checkbox"/> Arab-American    | <input type="checkbox"/> Native-American   | <input type="checkbox"/> Rural    |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Other             |                                   |

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date