MCj02335100000[1]C YA

**Coalition of Youth Advocates**

“Improving Community Health

**Mission Statement**

The Coalition of Youth Advocates, COYA, is an action driven alliance of teens increasing awareness of the health risks of tobacco and encouraging prevention and policy change within the community, while providing members with leadership skills, a fun and safe environment, and the opportunity to serve the public.



**APPLICATION for COYA**

First Name: Last Name:

Phone: E-Mail:

School: Grade:

**Complete this application and e-mail to**:

[MarenRoberts@sbcphd.org](mailto:MarenRoberts@sbcphd.org) or [shantal.hover@sbcphd.org](mailto:shantal.hover@sbcphd.org) or [dawn.dunn@sbcphd.org](mailto:dawn.dunn@sbcphd.org)

COYA focuses on tobacco related issues such as smoke-free parks and beaches and smoke-free movies. Of these issues or others you have heard of concerning tobacco, which concerns you most and what is one of your ideas to combat it?

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What are your two strongest leadership skills? Please elaborate.

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In what ways are you involved in your community? (i.e. Do you have a job? Volunteer? School clubs?)

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Why do you want to be a member of COYA? What unique asset(s) would you bring to the group (i.e. creativity, technologically savvy, people skills)?

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How did you hear about COYA?

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Your signature below signifies that you agree with COYA’s mission statement and that everything contained in this application, to the best of your knowledge, is correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_