

First and Last Name:

Address:

City and Zip Code:

Email:

Home Phone: (615) _____ - _____

Cell Phone: _____ - _____ - _____

High School and Grade (August 2022):

Date of Birth _____ - _____ - _____

Race:

Gender:

What is the best way to contact you for an interview? (Please check box)

Email

Home Phone

Cell Phone

Do you prefer to be contacted by:

Facebook

Text

Both

Name of Parent/Guardian:

Address (if different from yours):

Parent/Guardian phone:

Email:

Please list your extracurricular activities with times and dates and rate how important on a 1 to 5 scale their importance to you. You may use the back if necessary.

Additional Information

Mail or drop off COMPLETED Applications to:

Youth Advisory Board
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209

For more information, please contact Ms. Latissa Hall at latissa.hall@nashville.gov

More Questions on Back



Please answer the following five (5) questions. **You are required to answer questions 1 and 2** and then pick an additional question; **altogether, you will have 3 essays**. Please attach your typed, thorough and complete responses to this application. Answers should not exceed 250 words for each question.

1. (Required Question) Please explain how you demonstrate your leadership skills. Specific examples of activities that tell us about your leadership skills are particularly helpful.
2. (Required Question) Please tell us why you are interested in serving on the Youth Advisory Board and one service project you would like to lead.

Now chose 1 of the following Optional questions to answer

3. (Optional) It has been said that this generation will be the first to **not** outlive their parents. Why do you think this is true?
4. (Optional) In your opinion, what is a major health issue facing today’s teens and what would you do address this issue?
5. (Optional) What impact do you hope to make on the health of teens in Nashville?

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Please complete this recommendation form for the applicant’s consideration for participation in the Metro Public Health Department Youth Leadership programs.

Applicant’s First and Last Name:

Recommender Name:

Capacity and length of time you’ve known applicant:

Daytime Phone: _____ - _____

Using the scale provided, please check the most appropriate response.

How do you rate the applicant’s leadership skills?

Has not demonstrated leadership Possess leadership qualities Strong skills

How do you rate the applicant’s work ethic (i.e., ability to complete projects on time)?

Needs improvement Good work ethic Outstanding work ethic

How do you rate the applicant’s ability to work with teams of their peers?

Not a team player Understands importance of teamwork Great team player

How strongly do you recommend this individual?

Do not recommend Recommend with reservation Strongly Recommend

Additional comments you wish to note about the applicant (may attach additional pages):

Signature:

Date:

Additional Information

Mail or fax completed recommendation form to:

Ms. Latissa Hall

Metro Public Health Department

2500 Charlotte Avenue

Nashville, TN 37209

Fax: (615) 340-2195/Tel: (615) 340-8599

For more information please contact Ms. Latissa Hall at latissa.hall@nashville.gov