

## Garfield County Public Health Youth Advisory Board Application (2016-2017)

Student Name (First & Last) \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name (First & Last) \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_

Health-Related Courses: \_\_\_\_\_

Career Goals: \_\_\_\_\_

Local Health Concerns: \_\_\_\_\_

Favorite Snacks/Drinks: \_\_\_\_\_

Availability (Circle all that apply):      3-4pm      4-5pm      5-6pm      6-7pm

         Mondays              Tuesdays              Wednesdays              Thursdays              Fridays

How would you be a positive addition to the Public Health Youth Advisory Board?

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What would you like to accomplish as a Public Health Youth Advisory Board member?

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*Garfield County Public Health Youth Advisory Board Mission Statement:*

We serve to provide youthful input and insight to the Garfield County Health Department and Oklahoma State Department of Health (OSDH) as we strive to enhance health and wellness for young people and their families. We do this as a body representing all youth from Garfield County and the entire state of Oklahoma.

We will work independently, and as a united body, to help educate, provide support, and promote prevention for our peers. We will always remain true to our pledge and be positive role models through our personal commitment to a healthier lifestyle. We will be dedicated leaders within our communities as we interact with others to promote awareness of, participation in, and involvement with OSDH healthy initiatives.

Potential Topics:

Nutrition	Exercise	Tobacco-Free Areas	Drinking & Driving	Texting & Driving
Alcoholism	Illicit Drugs	Prescription Drugs	Heart Disease	Teen Pregnancy
STI's	HIV/AIDS	Sexual Harassment	Asthma/Allergies	Tobacco Cessation
Diabetes	Obesity	Child Abuse	Immunization	Accidental Injury/Death
Cancer	Dieting	Domestic Violence	Eating Disorders	Emergency Preparation

\_\_\_\_\_  
Student Signature (*required*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (*required*)

\_\_\_\_\_  
Date

If you have any questions or concerns please feel free to contact me at the Garfield County Health Department. Please return the completed application via mail, fax, or e-mail by **September 1, 2016**.

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