

2018-2019 YOUTH DELEGATE APPLICATION**NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)**

We invite applicants to join the 1st annual cohort of Northwest Portland Area Indian Health Board (NPAIHB) Youth Delegates.

IMPORTANT: If you are under 18, you'll need to have a parent or guardian sign the application when you're finished filling it out, and before you submit it.

1. Name: _____

2. Address: FIRST MIDDLE LAST

_____ CITY STATE ZIP

3. Mobile Phone: _____ Alternate Phone: _____

Email Address: _____

4. Gender Identity: ☐ Man ☐ Woman ☐ Non-binary ☐ Two Spirit ☐ Other: _____

5. Date of Birth: _____ / _____ / _____
 MONTH DAY YEAR

6. How did you find out about the NPAIHB Youth Delegates? ☐ Web Search ☐ Social Media
☐ Event ☐ Friend ☐ Parent ☐ Other: _____

7. If you are in school, which school will you attend next year (Fall 2018)? _____

What grade will you be in next year (Fall 2018)? _____

8. If you are not in school next year, list your plans for Fall 2018: _____

9. **Indian Heritage:** Are you an enrolled tribal member or a descendant of one of the 43 NPAIHB Member Tribes (Federally Recognized Tribes in Idaho, Oregon, or Washington)?

☐ NO ☐ YES

_____ TRIBE RESERVATION

_____ Enrollment Number/Blood Quantum

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

ESSAY QUESTIONS:

Current We R Native Ambassadors and NPAIHB staff will review your application. Please give sincere and heartfelt responses. The most important aspect of your application is that you be yourself. We want to hear your voice and learn more about you!

On a separate sheet, please answer the following 4 essay questions in no more than 1-2 paragraphs per question.

1. Please share with us some of the issues that are important to you or young people you know. Share any community service or advocacy you have done around these issues.
2. Why do you want to be a Youth Delegate? Please describe any communities you represent or could help engage in the work of the Youth Delegates.
3. Youth Delegates are required to commit to attend 5 virtual trainings (approximately 60 minutes each) and attend at least 1 in-person training over the year. Members are only allowed to miss 2 virtual trainings without prior notification. Describe other school or community activities you are involved in and how you will balance your schedule in order to honor the commitment to the Youth Delegates.
4. Please share something about yourself that you have not already shared.

YOU MUST SIGN THIS APPLICATION.

By submitting an entry, you grant the Northwest Portland Area Indian Health Board (NPAIHB) the right to use, edit, and disseminate submissions in print, online, and through other forms of media for educational, public service, or health awareness purposes. By submitting an entry, you release the NPAIHB and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

SIGNATURE

DATE

GUARDIAN SIGNATURE (If under 18 years)

DATE

Make sure your full application arrives no later than **11:59 PM JUNE 1, 2018.**

Mail, fax, or email completed applications to:

YOUTH DELEGATES

Attn: Tana Atchley

2121 SW Broadway Dr #300

Portland, OR 97201

tatchley@npaihb.org (EMAIL)

(503) 416-3286 (PHONE)

(503) 228-8182 (FAX)
