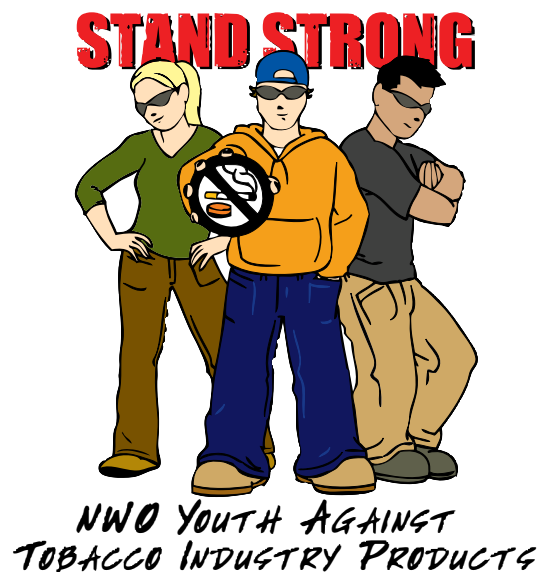


## Top 10 Reasons to Volunteer with your Youth Action Alliance

1. Protect your friends from becoming sucked in by the tobacco industry.
2. Be a part of a Smoke-Free Ontario movement and work with other youth across the province.
3. Be a leader. Make change. You **CAN** change the world.
4. Make new friends.
5. Speak for youth in your community.
6. Work on cool projects that will build your skills for:
  - Advocacy
  - Activism
  - Communication
  - Event planning
  - Politics
  - Public Speaking
  - Time Management
  - Working with news media
7. Travel to regional and provincial training sessions and conferences.
8. Complete your high school community service hours.
9. Get resume experience and employment skills.
10. Have fun!!



# JOIN YOUR YOUTH ACTION ALLIANCE



Your **YOUTH ACTION ALLIANCE** is a group of teens aged 14 – 19 who work to expose the deceptive nature of the tobacco industry and educate other youth about the dangers of using tobacco industry products.

**For more information please call the Youth Advisor in your community.**

Thunder Bay/Nipigon Daniel DePeuter (807) 625-5991  
Thunder Bay- Aboriginal Focus Aileen Malcolm (807) 625-8322  
Schreiber/Terrace Bay/ Marathon/Manitouowadge Keith Johnson (807) 229-1820  
Geraldton/Longlac Evelyn Mahon (807) 854-0454

**Personal Informaiton**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Current Grade Level \_\_\_\_\_ School: \_\_\_\_\_

**Why are you interested in volunteering with your local Youth Action Alliance?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What skills would you like to develop?**

Leadership  Computer  Public Speaking  Administrative  
 Event Planning & Coordinating  Graphic Design  Presentation Skills  
 Talking to Media  Advocacy Skills  Policy Making (Politics)  
 Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How often would you like to volunteer?**

Weekly  Monthly  Only for Special Events  Attend Meetings Only

**What days and times are you available to volunteer (please specify below):**

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
A.M.						
P. M.						

**How did you hear about this volunteer opportunity?**

Friend  Member of YAA  School  Flyer  Newspaper  Website  
 Skywriter  Other (Please specify): \_\_\_\_\_

**Applicant's Acknowledgement**

I consent to my local Youth Action Alliance contacting me and registering me as a volunteer.

I agree to attend an orientation.

I have the signed consent of my parent/guardian if I am under eighteen years old.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Print Name)

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

\_\_\_\_\_  
Date

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. This information will be used for maintaining a record. Questions regarding the collection of this information should be directed to the Privacy Officer, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-8818.