

Preventing Addiction Caused by Tobacco

is a movement of youth in Weld County who make schools and communities healthier by fighting the influence of tobacco.

Benefits

- Improve leadership and communication skills
- Be involved and create positive change in your community
- Become a leader
- Make decisions about topics that affect you
- Increase your knowledge of tobacco issues
- Meet other youth in your community
- Enhance college or job applications; meet community service or volunteer needs

Requirements

- Students ages 13-18 years old
- Leadership ability
- Non-judgmental attitude
- Commit to PACT for one full school year
- Participate in meetings, missing no more than 3 per semester
- Be a positive role model for younger students, peers, and others
- Commitment to a healthy lifestyle: Avoid risky behaviors such as sex, tobacco, alcohol, drugs, & violence
- Submit recommendation form from a non-parental adult with application to Corrie or Lindsey as applicable

Find application online:

www.TFCWeldCounty.com/PACT

Email scanned application, or deliver application to:

Kat Ventoruzzo

(970) 400-2386

Lsides@weldgov.com

1555 N. 17th Ave
Greeley, CO 80631

Para español llama a

Ofelia Orozco (970) 304-6470 x 2376. ¡Gracias!



Updated 11/21/16



Applicant Information

_____ Male: Female:
First & Last Name Preferred Nickname

Date of Birth ____/____/____ Current Age ____

Which of the following best describes your racial and ethnic background? (Please choose one.)

- White, Non-Hispanic
- Hispanic/Latino(a)/Chicano (any race/ethnicity)
- Alaska Native/American Indian
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Mixed or multiple background. (Describe: _____)
- Other: _____

_____ School Grade GPA Bilingual? Yes No

Street Address, City, State, Zip Code

Email Address

(____)____-_____
Personal Phone Number

_____ (____)____-_____
Emergency Contact & Relationship to you Emergency Contact Phone Number

How did you hear about us? Friend Parent School/Teacher Other : _____

Applicant Profile

Favorite food & dessert

Favorite subjects

Extracurricular activities/ special talents/interests/sports...

Community involvement

Please respond to the questions below:

1. How has tobacco impacted your life, or the life of someone you know, personally?

2. What are some of your personal
 - Strengths:

 - Weaknesses:

3. What do you want to gain by being part of P.A.C.T.?

4. What can you contribute by being part of P.A.C.T.?

5. Today young people face issues that impact health and well-being, such as substance abuse, depression, violence, pregnancy, suicide, injuries, etc...What issues do you feel most strongly need to be addressed, and why? What do you care about?

6. What advice would you give to adults about creating relationships with you?

Meeting Attendance: Attendance is required, unless discussed and cleared by Lindsey Sides (Greeley/Evans) or Corrie Groesbeck (Fort Lupton). Please contact the respective youth leader to get excused one full day prior to meeting missed. Please do not miss more than 3 meetings in a given semester.

Transportation plan: What is your transportation plan to attend meetings and other activities?

Youth: My signature on this application affirms I will make a one year minimum commitment to P.A.C.T., and will not miss more than three meetings in a given semester. I will represent Weld County and P.A.C.T. in a positive and excellent manner.

Youth Signature

Date

Parent: My signature affirms that I am aware and supportive of my child's application to P.A.C.T. I have this application and I understand what will be expected of my child. I agree with his/her time commitment and transportation plan.

Parent comments: _____

Parent Signature

Date

Please submit to Kat Ventoruzzo. Fax: 970.304.6452; Mail: Weld County Health Department, ATTN: Kat Ventoruzzo, 1555 North 17th Avenue, Greeley, CO 80631; or Email: kventoruzzo@weldgov.com