



**HEALTHY TEXAS
Y·O·U·T·H
AMBASSADORS**

2020 INFORMATION 2021 HANDBOOK

PROGRAM PURPOSE

The Healthy Texas Youth Ambassador Program aims to develop youth healthy lifestyle leaders to serve as a source of outreach in communities and schools throughout Texas.

More specifically, the purpose is to:

- Assist County Extension Agents in providing leadership to the youth components of Healthy Texas, Texas 4-H, and Texas A&M AgriLife Extension Service
- Serve as a leader to implement health programs and lessons in local schools and communities
- Become knowledgeable and skilled in the healthy lifestyles subject matter
- Assist with and coordinate educational events that will encourage better health in communities.
- Be a role model for healthy living!

For more information please contact your local county extension agent or visit the website below.



<https://healthytexas.tamu.edu/youth-ambassadors/>

APPLICATION CHECKLIST

All applications are due to your local county extension office by:

May 1, 2020

Use the following checklist to ensure your application is submitted correctly.

STEP 1



- Do you meet all requirements?
- at least 9th grade
 - submit application by deadline
 - join Texas 4-H

STEP 2



- Did you sign and date the form stating you read and agree to abide by all guidelines set forth in the ambassador handbook?

STEP 3



- Did you include a signed copy of the Texas 4-H Waiver in accordance with Texas A&M AgriLife Extension policies?



2020 ELIGIBILITY 2021 REQUIREMENTS

The role of a *Healthy Texas Youth Ambassador* requires youth who are dedicated, mature, dependable, and interested in healthy living and health promotion within communities. Youth must be committed to serving their community and committed to assisting with events and activities to fulfill the *Healthy Texas Youth Ambassador* requirements.

The number of youth selected each term to serve as Ambassadors is determined by the County Extension Agent who supervises the Ambassador Program. The number is based upon need, program demands, term goals for the Ambassadors, and the number of eligible applicants.

Healthy Texas Youth Ambassadors must meet certain requirements to be considered for selection as an Ambassador. The requirements are as follows:

- Be in at least the 9th grade at beginning of the 2020-2021 school year
- Submit completed application to the local county extension office deadline
- Applicants do not have to be a current member of Texas 4-H, but must agree to become a 4-H member (\$25 annual membership fee due September 1, 2020) if selected to participate in the HTYA program

2020 MEMBER 2021 OBJECTIVES

Those selected as a *Healthy Texas Youth Ambassador* **must** fulfill the following obligations. Failure to do so may result in dismissal from the program.

- Attend a Regional *Healthy Texas Youth Ambassador* Summit. All fees related to this training will be the responsibility of the *Healthy Texas Youth Ambassador* and/or county program.
- Complete and report 40 hours of leadership, program efforts, or community service annually.
- Attend continuing education trainings offered face-to-face and/or online.
- Develop valuable leadership and communication skills while educating others.
- Remain academically eligible throughout the year.
- Agree to and fulfill the *Healthy Texas Youth Ambassador* Obligations and Activity Requirements
- Maintain a positive attitude and represent Texas A&M AgriLife Extension Service and Healthy South Texas in a positive light at all times.
- Complete all commitments with excellence.
- Ambassadorship is a 12-month commitment, beginning June 2020. Ambassadors who fulfill the minimum (40) hours of service will be invited to reapply for the following year.



2020 ATTENDANCE 2021 EXPECTATIONS

Healthy Texas Youth Ambassadors must make every effort possible to attend all activities and meetings. If attendance is not possible, notice must be given to the County Extension Agent in charge, in advance, at which time agent(s) will determine if it is an excused absence. Attendance at the regional *Healthy Texas Youth Ambassador* summit **is not** optional.

Attendance will be kept for all events/meetings. **Members must attend ALL required meetings and events. Members who miss 3 or more required meetings and/or events will be automatically removed from the Ambassador program.** After the second absence, you will be notified to advise you regarding the (3) Required Event Absence Rule. Upon the third and final absence, the member will be automatically removed from the program and will receive a dismissal letter.

Healthy Texas Youth Ambassador regional summit dates.

East Region

June 23, 2020

Southeast Region

June 30, 2020

West Region

June 30, 2020

North Region

July 21, 2020

Central Region

July 22, 2020

South Region

July 24, 2020

2020 ACTIVITY 2021 REQUIREMENTS

Those chosen for the program are expected to:

- Attend a Regional *Healthy Texas Youth Ambassador* Summit to be eligible for the program. Those *Healthy Texas Youth Ambassadors* not attending a regional summit will be dismissed from the program.
- Attend statewide web based trainings or listen to the recorded session.
- Attend county, district, or regional training events identified by County Extension Agent.
- Attend all *Healthy Texas Youth Ambassador* meetings at the county, district, or regional level.
- Organize at least one community health event during the year with the local *Healthy Texas Youth Ambassador* team and County Extension Agent.



2020 CODE OF 2021 CONDUCT

All *Healthy Texas Youth Ambassadors* are required to comply with the Texas A&M AgriLife Extension Texas 4-H Program's Code of Conduct AT ALL TIMES, when participating in ANY event. If an Ambassador violates any provision of the Code of Conduct, whether it be minor, intermediate, or major, they may be dismissed from the program.

Healthy Texas Youth Ambassadors are expected to:

- attend all sessions that are part of the planned program for all activities.
- dress appropriately to the occasion and adhere to any attire requirements stipulated for the event. Ambassadors should be courteous, clean, and possess good manners.
- control language and use only language appropriate for an Ambassador - no swearing.
- not leave an activity facility any time without permission of the chaperone and/or staff responsible for the event.
- not smoke or use any type of tobacco/nicotine products at any program or event.
- not use alcohol, drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
- not carry or threaten another person with a weapon, bodily force or language.
- respect the rights of privacy of those attending an activity and those that they may be rooming with.
- observe hours established by the staff and be in their room at designated time. No boys in girls rooms, no girls in boys rooms.
- avoid unnecessary roughness to room furnishings, furniture, equipment, etc.
- avoid participation in ANY negative, vulgar, or distasteful social media posts, likes, shares, etc.

Any participant or volunteer at any official Healthy Texas/Texas A&M AgriLife Extension/Texas 4-H event or activity who observes a breach of code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones



2020 DISCIPLINARY 2021 ACTIONS

Ambassadors are highly motivated, interested, mature and dependable individuals. Problems requiring disciplinary actions should not occur. In an effort to keep the *Healthy Texas Youth Ambassador* Program as one of excellence, ambassadors are expected to maintain the utmost respect for themselves, others, and surroundings at all times.

If any Ambassador fails to comply with any of the guidelines set forth by the *Healthy Texas Youth Ambassador* program or County program, the ambassador may be removed from the program and will be notified of this decision immediately.

If an Ambassador is dismissed, he/she will not be able to re-apply for the Ambassador Program for a period of one year.

2020 PROGRAM 2021 CHANGES

If necessary, changes may be made at any time to guidelines, requirements, or any other item related to *Healthy Texas Youth Ambassador* Program by statewide *Healthy Texas Youth Ambassador* Coordinator.



2020 AMBASSADOR 2021 APPLICATION

Name: _____

Mailing Address: _____

City, State, ZIP: _____ County: _____

Ambassador E-Mail: _____ Ambassador Cell: _____

Parent E-Mail: _____ Parent Cell: _____

Birthdate: _____ Current grade in school: _____

Are you a current Texas 4-H member? (yes/no) _____

(Please note: Ambassadors must be at least 9th grade students for the 2020-2021 school year.)

Explain why you would like to serve as Healthy Texas Youth Ambassador:

Please provide a summary of activities, leadership roles, or community service events (related to health and wellness) that you have been part of over the last two years:

(Please complete application on back)



Please share three ideas you have for implementing health education, awareness, or advocacy in your community:

- 1.
- 2.
- 3.

2020 AMBASSADOR 2021 AGREEMENT

I understand that if selected to be a Healthy Texas Youth Ambassador, I will be required to attend a regional Healthy Texas Youth Ambassador summit in the summer and asked to provide monthly reports of events, speaking engagements, or educational activities I participate in as a Healthy Texas Youth Ambassador. If I cannot attend a regional summit, I understand that I will not be able to participate in the program.

I have read and understand the *Healthy Texas Youth Ambassador* handbook and agree to carry out the responsibilities described therein.

Applicant signature: _____ Date: _____

I have discussed the responsibilities and support with the above signed Ambassador and will provide assistance as indicated.

Parent or Guardian signature: _____ Date: _____

To be considered for the Healthy Texas Youth Ambassador Program please return the completed application in it's entirety to your local County Extension Agent no later than **May 1, 2020**. If you have any questions please contact your local county extension office or visit the following website | <https://healthytexas.tamu.edu/youth-ambassadors/>

The members of Texas A&M AgriLife will provide equal opportunities in programs and activities, education, and employment to all persons regardless of race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity and will strive to achieve full and equal employment opportunity throughout Texas A&M AgriLife.

"The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating"

2020 - 2021 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

HEALTHY TEXAS YOUTH AMBASSADOR PROGRAM | JUNE 2020 - MAY 2021

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H (“activity”), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (“sponsor”), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

6. **NO STRICT RULES OF CONSTRUCTION.** In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
7. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If participant is under 18 years old)

**In case of emergency, contact
at the following number** _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Primary Policy Holder Relationship to Participant: _____

Participants Primary Care Physician: _____

Participants Primary Care Physician Phone: _____

GENERAL HEALTH INFORMATION
My child's allergies, physical or medical conditions, and current medication(s) are as follows: _____

As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: _____ Date: _____