



## **The Alexandria Campaign on Adolescent Pregnancy Youth Advisory Board**

The Alexandria Campaign on Adolescent Pregnancy (ACAP) is a group of citizens, agencies, and community organizations that are dedicated to reducing the rate of teen pregnancy in Alexandria. ACAP is founded on the belief that the community, parents/families, and teens play a critical role in preventing teen pregnancy. The goal of ACAP is that by 2010 the teen pregnancy rate in Alexandria will be reduced by 15%. In order for ACAP to succeed and reach this goal, we need youth like you to be directly involved in finding solutions to this issue.

### **Who can join the Youth Advisory Board?**

7<sup>th</sup> – 10<sup>th</sup> grade students in Alexandria

### **How often does the Youth Advisory Board meet?**

Monthly (location to be decided)

### **What will the Youth Advisory Board be doing?**

- Serve as Editorial Board for the Get Real magazine
  - Publish 2 editions/year (Fall/Winter and Spring/Summer)
    - To view the most recent edition visit:  
[http://www.alexgetreal.com/pdf/getreal\\_fallwinter07.pdf](http://www.alexgetreal.com/pdf/getreal_fallwinter07.pdf)
  - Create content (writing articles, taking photos, conducting interviews) and help with design/layout
- Conduct at least one activity for Teen Pregnancy Prevention Month in May
- Serve as advisors to ACAP
- Promote ACAP events and services

### **Why would I want to be on the Youth Advisory Board?**

- Because I care about the issue of teen pregnancy in Alexandria
- To make a difference
- To help and represent your peers
- To build a resume/portfolio and increase leadership skills
- To work with agency/organization and community leaders
- To earn volunteer/community Service hours
- To meet other Alexandria youth
- For good food and fun!

**Please fill out the attached application and return to your program leader by March 31<sup>st</sup>. Any questions? Contact Becky Griesse, ACAP Coordinator, at 703.838.5030 or [Rebecca.Griesse@alexandriava.gov](mailto:Rebecca.Griesse@alexandriava.gov).**

## ACAP Youth Advisory Board Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Best way to reach you: \_\_\_\_\_

Best day/time to meet: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

List of organizations, clubs, and/or sports you are involved in?

Have you attended and/or volunteered at any ACAP events?

- Yes
- No

Have you used any ACAP services such as the teen text message line or the [www.alexgetreal.com](http://www.alexgetreal.com) web site?

- Yes
- No

What interests you in being a member of the ACAP Youth Advisory Board?

Do you think teen pregnancy is a problem in Alexandria? Why?

If you were in charge of reducing teen pregnancy in Alexandria, what would you do first?

What qualities, skills, and strengths do you bring to the Youth Advisory Board?