



## Youth Ally Award • Nomination Form

Please submit this form with the identification section completed plus no more than 2 pages which answer the questions below. Font must be no smaller than 10pt. No other material or papers will be considered. Email, mail or deliver your submission by the end of business on Monday, October 14th, 2024.

**All nominees will be honored and recognized at the Evening with the Stars event on Thursday, November 14th, 2024.**

The individual Superstar will be announced during the banquet that night.

**Questions? Contact St. Joseph Youth Alliance, [sbraswell@youthalliance.org](mailto:sbraswell@youthalliance.org) | 816-232-0050**

### **What did the nominee do to make a positive contribution for youth in Northwest Missouri?**

Describe the commitment, whether it is ongoing or a one-time, if a personal sacrifice was involved and whether the impact on youth was the result of direct or indirect activities.

### **Is the nominee serving in a paid or volunteer position?**

Describe the average amount of time given in the role, and whether it is a paid or volunteer position. If the nominee serves in a paid position, does this service go beyond the clear expectations of their job and are resources provided at his or her own expense as an incentive for youth. If this service is strictly volunteer, describe the role of the volunteer and resources utilized.

### **What are the tools the nominee used as an adult advocate for youth in Northwest Missouri?**

Describe how the nominee leverages education and/or experience to impact local youth, how they brought others together in the community for a bigger impact and whether or not he or she identified assets at his or her disposal that could impact local youth.

### **Provide examples of direct or indirect involvement the nominee had with youth?**

Describe how the nominee interacts with youth. Is the interaction on a regular basis, for special projects or events? Does the nominee rally for community projects and/or advocate for funding to fill a resource gap for area youth.

### **Explain the positive changes or benefits in the community due to the nominee's efforts.**

Describe how the nominee's actions have instigated long-term change for youth in the community and how he or she impacted school readiness, school success, greater safety and health resource access and productive adulthood readiness for participating youth.

## Identification Section

Nominee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Nomination submitted by: \_\_\_\_\_ adult  youth

Mailing address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

***Thank you for helping us recognize outstanding community members who are superstars for our kids.***