

**Project Wankuta:  
the iKnowMine Youth Advisory Board**

**Overview:**

This document contains information and an application for the 2025-2026 iKnowMine Youth Advisory Board.

The Alaska Native Tribal Health Consortium is recruiting youth and young adult participants (ages 12-17 years old) to advise ANTHC on issues related to holistic health.

For the 2025-2026 project year, youth members will participate in public health activities like providing input for ANTHC Programming and outreach. Compensation is available for youth time spent attending these meetings and working through the activities.

Completed applications are accepted on a rolling basis and may be submitted to the ANTHC HIV/STD Prevention Program. Applications may be accepted online or through in-person delivery, mail, or email. They can be delivered to:

Alaska Native Tribal Health Consortium (ANTHC)  
ATTN: Millie Voight  
4115 Ambassador Drive, STE 201  
Anchorage, AK 99508  
Email: [iknowmine@anthc.org](mailto:iknowmine@anthc.org) // Phone: 907-729-3792

**Land Acknowledgement:**

The iKnowMine Team is based out of the HIV/STD Prevention Program at the Alaska Native Tribal Health Consortium (ANTHC). Base operations of ANTHC are located in Anchorage, AK on the traditional lands of the Dena'ina people. Thank you for your past and present stewardship of the waters, plants, lands, animals, and the spiritual practices of this place.

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## **Purpose**

The purpose of the iKnowMine Youth Advisory Board (YAB) is for the Alaska Native Tribal Health Consortium (ANTHC) HIV/STD Prevention Program to provide a safe space for youth to be able to confidently offer their perspectives on public health programs that are designed to promote health and wellness in the lives of Native youth and young adults across Alaska. Through the YAB, the ANTHC HIV/STD Prevention Program hopes to gain youth perspectives on how to best address holistic health-related programming needs, challenges and opportunities.

## **Mission**

The Mission of the YAB is to advise the ANTHC HIV/STD Prevention Program by offering their perspectives on interventions and programs, designed to promote health and wellness in the lives of Native youth and young adults across Alaska.

## **Goals**

Through the YAB, we hope to increase awareness of the holistic health issues and programs designed to address them among the Native youth and young adult population in Alaska.

The goals of the YAB are to complete the following by the end of the service year:

1. Provide input on ANTHC program materials that directly or indirectly impact youth directly.
2. Participate in outreach activities related to public health awareness.

## **Participation Overview**

Members of the YAB will participate in hybrid discussions - through Zoom and in-person - and engage as a team in order to achieve the goals of the program.

- Seats: 6-10
- Term: Every month from September 2025-May 2026
- Platform: Hybrid - Zoom and in-person
- Activities:
  - Provide feedback on ANTHC programming.
  - Conduct outreach for volunteer hours.
  - At the end of the year: Participate in a focus group to provide feedback for future ANTHC Youth Advisory Boards.
  - Other opportunities as they arise, announced by YAB staff. This may include participating in a youth panel or presenting at the annual Community Partner Gathering.

## Expected Outcomes for Members

Members who are highly engaged will:

- Develop leadership skills and work experience. The following leadership opportunities will be elected by the YAB members:
  - 2 co-leads: These leads will work together to create an agenda for the meeting, including potential sign-up sheets for outreach events. YAB staff will be available to assist as needed.
  - Secretary: The secretary will take notes and send them to the YAB staff, who will send notes out after each meeting.
  - Members: The members will actively participate in each meeting and activity, following the co-leads' facilitation.
- Increase self-esteem and confidence related to voicing needs when working with others
  - Work on problem-solving skills
  - Work as part of a team in a diverse workgroup
  - Connect with other youth in a safe space
  - Gain confidence in expressing youth needs and expectations for the organization and program
- Learn about public health programs, resources, and services related to youth health
- Gain volunteer experience at outreach events

## Eligibility Overview

All Members are required to submit a complete YAB Application. All participants must have parent permission & acknowledgement on all application documents to participate.

For consideration of the YAB, Members are required to:

- Be between 12-17 years old.
- Have Zoom/Teleconference abilities and/or transportation to and from meetings if living in Anchorage. Please request transportation assistance if needed.
- Be able to attend all/most of the sessions.

The following experiences are preferred, but not required:

- Self-identification as Alaska Native and/or American Indian
- Experience living in rural Alaska
- 2SLGBTQ+ self-identification

## Schedule

\*Dates, times, topics are subject to change. \*

Dates and Time	Session Activities	Dates and Time	Session Activities
October 14th 5-6 pm	Elders and Youth Outreach	October 28th 5-6 pm	Orientation
November 11 <sup>th</sup> 5-6 pm	Guest Presentation/Discussion	November 25 <sup>th</sup> 5-6 PM	Team Activity
December 1 <sup>st</sup> 5-6 pm	World AIDS Day Outreach	December 16 <sup>th</sup> ? 5-6 PM	Team Activity
January 13 <sup>th</sup> 5-6 pm	iKnowMine Webpage Updates	January 27 <sup>th</sup> 5-6 pm	iKnowMine Webpage Updates
February 13 <sup>th</sup> 5-6 PM	Valentine's Day Outreach	February 24 <sup>th</sup> 5-6 PM	Teen Dating Violence Awareness Month Outreach
March 10 <sup>th</sup> 5-6 pm	NNAAHD Outreach	March 24 <sup>th</sup> 5-6 pm	Guest Presentation/Discussion
April 14 <sup>th</sup> 5-6 pm	Focus Group by Raven's Group	April 28 <sup>th</sup> 5-6 pm	Guest Presentation/Discussion
May 5 <sup>th</sup> 5-6 pm	Teen Pregnancy Prevention Month Outreach	May 26 <sup>th</sup> 5-6 PM	End-of-Year Celebration!

## Activities Overview

Meeting activities	Measure of successfully completing activities	Number of opportunities	Time expectation	Total
Eligibility Overview	Questions Answered	1	15 minutes	15 minutes
Orientation	Attendance at Orientation Session	1	1 hour	1 hour
Outreach Activities	Active participation in volunteer activities	6	1 hour each	6 hours
Guest Presentations	Participation in discussion	4	1 hour each	4 hours
iKnowMine Webpage Update Sessions	Participation in discussion	2	1 hour each	2 hours
Team Activities	Attendance	2	1 hour each	2 hours
End-of-Year Celebration	Attendance	1	1 hour	1 hour
<b>Total Youth Advisory Board Time Commitment</b>				<b>16 hours, 15 minutes</b>

Additional opportunities for engagement include participating in public health initiatives like application reviews and other volunteer opportunities announced by YAB staff.

## **Attendance Details**

Each member is allowed up to two excused absences from YAB meetings. To be excused, members must communicate with YAB staff in advance to inform us that you will be unable to attend.

Excused absences will be approved on a case-by-case basis by YAB staff. Confirmation will be sent to the member and parent directly. Allowable absences may include, but are not limited to family emergencies, personal physical and/or mental emergencies, participation in subsistence activities, conflicts with school-related activities, etc.

## **Activities Details**

Members are expected to attend and engage in Orientation, Guest Presentations, and iKnowMine Webpage Update sessions, unless otherwise excused.

Members should participate in the following activities throughout the YAB period:

- Attend guest-speaker presentations/discussions.
- Participate in the iKnowMine Webpage Update sessions.
- Participate in outreach events. These include:
  - Elders and Youth Conference
  - World AIDS Day Outreach
  - Valentine's Day Outreach
  - National Native HIV/AIDS Awareness Month Outreach (NNHAAD)
  - Teen Dating Violence Awareness Month
  - Teen Pregnancy Prevention Month Outreach
- Participate in the team activities.

## **Compensation Details**

Members will be compensated for their time with \$15 gift cards. The compensation will be issued directly by YAB staff to the members after each meeting, provided that the member is eligible to claim compensation. To be eligible, members must actively participate in each meeting or have an excused absence.

Members receiving compensation may not use gift cards to redeem for cash, purchase tobacco, alcohol or firearms, or be transferred to other parties. Members in violation of these guidelines may forfeit their eligibility to receive said compensation and/or involvement of the YAB, as determined by YAB staff.

**iKnowMine Youth Advisory Board Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_

Email (linked to Zoom account): \_\_\_\_\_

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

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

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Please provide 1 or 2 sentences on why you are interested in participating in the iKnowMine Youth Advisory Board:

\_\_\_\_\_

What position would you like to fill on the iKnowMine Youth Advisory Board?

Co-Lead  Secretary  Member

How did you hear about the iKnowMine Youth Advisory Board?

Social Media Post  iKnowMine Webpage  At an event  Other (please explain below)

**Youth Advisory Board Applicant:** By signing below, I agree that I can fully participate in the Youth Advisory Board. I have read the application and understand the expectations for all Members of the Youth Advisory Board. I can access all necessary equipment to fully engage in the program.

\_\_\_\_\_

Signature Printed Name Date

**Parent/Guardian:** By signing below, I am aware and supportive of my child’s application to the iKnowMine.org Youth Advisory Board. I have read the application documents and understand the expectations and eligibility requirements of the program and confirm that my child can access all necessary equipment to fully engage in the program.

\_\_\_\_\_

Signature Printed Name Date

This application may also be completed online at: [iknowmine.org/youth](http://iknowmine.org/youth)

Hard-copy applications may be submitted via email, mail or in-person to the below contact:  
Alaska Native Tribal Health Consortium (ANTHC)  
ATTN: Millie Voight  
4115 Ambassador Drive, STE 201  
Anchorage, AK 99508  
Email: [iknowmine@anthc.org](mailto:iknowmine@anthc.org) // Phone: 907-729-3970