

# Youth Kicking Tobacco's Butt Youth Advocate of the Year Awards

Nominator, please fill out this form completely.

## 1. Nominator's Information

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Name

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Organization and/or relationship to nominee

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Street Address

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City

State

ZIP

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Phone Number

FAX

email

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Name of Youth Nominee

Youth Nominee is in  High School or  Middle School

2. **CIRCLE ONE.** Please rate the participant from 1 (below average) to 10 (outstanding) on the following and base these ratings on any situation in which you've seen the nominee participate in the past year.

**Initiative**

1    2    3    4    5    6    7    8    9    10

**Leadership-the ability to mobilize and involve peers as advocates**

1    2    3    4    5    6    7    8    9    10

**Creative Thinking**

1    2    3    4    5    6    7    8    9    10

**Problem Solving**

1    2    3    4    5    6    7    8    9    10

**Ability to communicate ideas effectively**

1    2    3    4    5    6    7    8    9    10

3. In 250 words or less, please explain why you believe the nominee should receive a Tobacco Use Prevention Youth Advocate of the Year award (*recommendation must be typed*).

*Nominations must be postmarked by Friday, February 1, 2008*

Mail completed nominations to:

**YEAH! – YAYA, New Mexico Voices for Children**  
2340 Alamo SE, Suite 120, Albuquerque, NM 87106

