

# SMOKE FREE SIGNALS MODEL APPLICATION

Application Deadline: **January 31, 2023**

Applications can be sent by mail or email.

**Mail to:** Keres Community Health  
2700 San Pedro Dr. NE  
Albuquerque, NM 87110

**Email to:** [JConcho@keresnm.com](mailto:JConcho@keresnm.com)



## MISSION AND CORE VALUES

TO PROVIDE COMMERCIAL TOBACCO SECONDHAND SMOKE AWARENESS AND RESOURCES TO NEW MEXICO TRIBAL COMMUNITIES, IMPROVING HEALTH OUTCOMES

## Application Content:

2

Campaign Purpose

4

Application Questionnaire

3

Model Application Form

6

Photo/Media Release Form

## Mass-Reach Health Communication Intervention Campaign

The **Smoke Free Signals** (SFS) program was established in 2015. Since inception, SFS has provided commercial tobacco, secondhand smoke, and secondhand aerosol education and resources to New Mexico tribal communities, with a goal to improve health outcomes and eliminate exposure to secondhand smoke. Further, SFS developed the Traditional Tobacco Education and Awareness campaign involving the development of custom designed materials. The materials were tailored to the unique Indigenous groups in New Mexico to share awareness of the sacred use of tobacco by Tribal communities through resources and educational materials.

To continue the progress and effort of educating and sharing awareness of the traditional use of tobacco, SFS has implemented a mass-reach health communication intervention campaign. The purpose of the campaign is to spread awareness about the sacred use of traditional tobacco as a protective factor and the danger of commercial tobacco use and secondhand smoke, while recognizing the cultural continuance of New Mexico Indigenous communities. This campaign will include a professional photography session, slogan development, distribution plan, social media highlight, and paid media outreach (i.e., posters, billboards, magazine ads, newspapers, etc.).

SFS is recruiting participants to serve as models and representatives from their respected Tribal communities and participate in this mass-reach health communication intervention campaign. All participants must be from a federally recognized Tribe of New Mexico and be willing to partake in a one-day photoshoot on *(date to be determined)*. All participants will be required to dress in traditional clothing/ragalia from their respected Tribal Nation, Tribe, or Pueblo. Lastly, all ages are welcome to apply and participate in this statewide health campaign. **The SFS program is also offering all accepted participants a \$100 stipend reimbursement, travel reimbursement to and from the photoshoot location, traditional tobacco vs. commercial tobacco education packet, and snacks/water on day of photoshoot.** Please note, all participants will need to complete a model application form with signature(s), model application questionnaire, and photo release form. **If the applicant is under the age of 18, a parent or guardian will need to complete the forms on behalf of the participant.**

# MODEL APPLICATION FORM

If applicant is under 18 years old, a parent or guardian will need to complete this form on behalf of applicant.

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

If in school, school name and grade: \_\_\_\_\_

## Contact Information

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Text Correspondence Okay? YES  NO

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

- By checking this box, I understand that this is an application process and upon being chosen, I will be contacted by email and will be required to sign a model and photography release form.

## Parent or Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent or Guardian Phone Number: \_\_\_\_\_

Parent or Guardian Email Address: \_\_\_\_\_

## Application Signatures

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## MODEL APPLICATION QUESTIONNAIRE

Write a brief biography about your life. Share some information about your career goals, obstacles, dreams, current life decisions, etc. We would like to know more about you.

---

---

---

---

---

---

---

---

---

Have you or someone you love been impacted by commercial tobacco at home, school, recreational area, public park, etc.? Please explain how you been impacted.

---

---

---

---

---

---

---

---

---

**Why are you interested in spreading awareness about the harms of commercial tobacco and educating about the ceremonial use of traditional tobacco?**

---

---

---

---

---

---

---

---

**How will participating in this health educational photoshoot contribute to your goals, ambitions, and life achievements?**

---

---

---

---

---

---

---

---



## Secondhand Smoke Protection in Tribal Communities

The Secondhand Smoke Protections in Tribal Communities project has my permission to use my photograph or video publicly to promote secondhand smoke awareness and policy change. I understand that the images may be used in print publication, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensations shall become payable to me by reason of such use. **If the applicant is under the age of 18, a parent or guardian will need to complete the forms on behalf of the participant.**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_