



### TURN IN YOUR 2013/2014 APPLICATIONS ASAP!

Thanks for applying and for your interest in peer education!! The first round of Teen Council interviews are on May 20th. Please send in your applications ASAP. Special consideration will be given to those who apply prior to 5/20. You can also hand your application to a current Teen Council member and they will deliver it for you! If you have questions CALL or TEXT 315-529-9500 (Amanda/Woodbrun) or 503-758-0233 (Christy/Portland).

#### Mail

Teen Council at Planned Parenthood Amanda McLaughlin (Woodburn) or Christy Alger-Williams (Portland) 3727 NE MLK Jr. Blvd. Portland, OR 97212

#### E-mail

503-788-7285

Amanda.mclaughlin@ppcw.org or Christina.alger-williams@ppcw.org Fax

### **Our Vision:**

"Our vision is to provide accurate, unbiased, and useful sexuality education; to end ignorance, promote tolerance, and improve communication between teens and the important people in their lives."

#### Who We Are:

Teen Council is made up of a diverse student body from local schools. Members come to the group with different beliefs and viewpoints. No one is expected to already know about sexual health and prevention issues. We strive to create a Council that is strong and varied in its membership and work actively to build a group that is anti-racist, anti-sexist, and anti-homophobic.

#### What We Do:

• We create peer to peer dialogue.

the time to commit to this program! \_\_\_\_

- We present as volunteer educators on various topics such as HIV/AIDS, harassment, healthy relationships, delaying sex, family communication nights, multi-cultural awareness, & more!
- We act as resources by sharing sexual health information with our friends and peers.
- · We participate in weekly meetings and trainings to increase knowledge and skills.
- We are part of the solution while connecting others to this important work!

#### To be on Teen Council you must: Please put your initials next to all that you agree to.

 Be a 10th, 11th, 12th or college freshman during the 2013/2014 school year. Have interest in providing accurate sexual health information to peers. • Be responsible in budgeting time and keeping up with academic work. \_\_\_\_ Be able to attend the mandatory (free) overnight retreat: end of Summer. Commit to weekly meetings: on Mondays. • Sometimes miss school for presentations (about one day per month). \_\_\_\_\_ • Members are expected to plan all other extra-curricular activities (work, clubs, sports, etc) around Teen Council. If you are doing more than 1 other extra-curricular activity, please ask yourself if you really have



Name
Address
City/State/Zip
Phone — Can you send or receive text messages? ☐ Yes ☐ No
 Email
Parent/GuardianName(s)
Languages spoken at home
School / Grade you will be in next year
Current age / Birthday
<b>Personal Reference:</b> Please provide the name and contact information of a reference from an educational setting. A teacher, school counselor, coach, administrator or an adult from any other activity you know would be great! (This should not be a parent, guardian or family friend.)
Name of Reference / Relationship to you
Reference E-mail / Reference Phone Number
Did a current Teen Council Member recruit you? If so, who?
If not, how did you hear about Teen Council?

**Interview:** We will call or text you about the interview time and date in May. It will be after school. Don't worry; it will be fun and professional! People who don't show up to the interview may not be accepted into the program unless something is worked out with the Teen Council Coordinator.



Please respond to the following questions/scenarios. We want to know what you think so please answer as honestly as you can.

1. Why do you want to be a member of Teen Council, and what do you hope to contribute to the group?

2. We'd like to learn a bit more about you! Choose one of the following options to express to us a little bit about who you are (or what you are passionate about). All options are equally valued.(a) Write a brief paragraph (b) Write a short poem (c) Write a song or rap about yourself

3. Teen Council is a big time commitment (we meet weekly during the school year); what other things will you be involved in? Tell us about work, sports, music, clubs, etc.



We are expected to present at least once a month in schools. Please explain in detail how you plan to prioritize your time and schedule so that you are able to attend all Teen Council weekly meetings as well as school presentations each month:

4. Tell us about a time you helped a friend or peer with a question or problem.

5. What do you think are the biggest heath and sexuality issues or concerns for teens?



## Application Contract

### The Teen Council member agrees to:

- 1. Attend weekly trainings on Mondays. Missed meetings could be grounds for dismissal from Teen Council.
- 2. Call the Teen Council Coordinator if late or missing a presentation, training, or meeting. Please make this call yourself, do not ask another TC member to report your absence for you. Call 24 hours in advance and contact a TC member to take notes for you during the meeting. It is your responsibility to find out what you missed at the meeting from another TC member.
- 3. Be on time for each session and bring the materials needed.
- 4. Participate to the fullest in each session.
- 5. Make Teen Council a priority.
- 6. Serve as a resource to the school or agency and to participate in two Teen Council presentations per month.
- 7. Learn with an open mind and to respect the ideas of others, even if they are different from your own.
- 8. Discuss with the Teen Council Facilitator any problems, concerns, suggestions or questions about the program.
- 9. Be responsible for your own transportation. Have transportation arrangements worked out ahead of time.

### The Facilitator agrees to:

- 1. Provide factual information and helpful exercises on sexuality education.
- 2. Be on time for each session.
- 3. Try to make each session as interesting as possible.
- 4. Respect the feelings of each member of the group.
- 5. Answer questions as honestly as possible.
- 6. Evaluate members' participation and provide feedback on presentations.

My signature below signifies my understanding and agreement to the above conditions:				
Teen Council Member				
Teen Council Facilitator				
 Date				



## **Consent Form**



# TEEN COUNCIL

### **Consent Form**

Dear Parent/Guardian,

We are pleased that your daughter/son is applying to be a Teen Council Peer Educator for Planned Parenthood Columbia Willamette. This local program focuses on teen pregnancy prevention, leadership, and community education.

The purpose of this program is to teach teens to resist peer pressure, make healthy decisions, feel good about themselves, and set goals for the future. Research shows that teens receive a great deal of information from other teens. Many times this information is inaccurate. Therefore, we will be training a select group of teens with leadership potential, medically accurate, age-appropriate sexuality education, leadership skills, and peer mentoring so that they may educate others in the community and direct them toward responsible decision-making.

Through our program, your teen will be responsible for attending training and weekly meetings throughout the school year to plan and implement educational activities. These activities include community presentations, health fairs, and individual outreach. As a peer educator, your teen will help increase community awareness, potentially help reduce teen pregnancies, and develop into a valuable community leader. You must be very proud of your teen for having the initiative to involve him/her self in such a worthwhile experience.

As a parent of a peer educator, we welcome your support and input. We will keep you continuously informed on your teen's activities and schedules. If you have any questions, please don't hesitate to contact us.

Sincerely,  Amanda McLaughlin  Woodburn Teen Council Coordinator 315.529.9500  amanda.mclaughlin@ppcw.org	Christy Alger-Williams  Portland Teen Council Coordinator  503.758.0233  christina.alger-williams@ppc	
Your signed consent for your teen's Please fill out this form and return t		r us to process the application.
My daughter/son Peer Education Program sponsored		·
Signature of Parent/Guardian:		Date:



## Consent Form General Medical Information

		Date	
Teen Name			
		Age	
Parent Name(s)			
		Zip	
Phone #	Alt.	Phone #	
Other Contact	Phone #	_ Alt. Phone #	
Doctor Name / Address			
Phone #			<u>-</u>
Hospital	P	hone Number	
CHECK OR FILL IN BLANK	(S TO ALL THAT APPLY		
Does Teen have Health Insu	rance? □ Yes □ No		
	th Insurance information below:		
		ID number	
ls Teen allergic to any medic	ation or products?   Yes   No		
If so, what?	Re	eaction:	
Is Teen allergic to insect bite	es? 🗆 Yes 🗆 No		
<b>o</b>	nsect bite kit for emergencies?	Yes □ No	
	the kit?		
When did Teen receive his/ł	ner last Tetanus vaccination?		



## Consent Form General Medical Information

(Continued)

Does Teen have asthma? ☐ Yes ☐ No		
If so, where does Teen keep inhaler?		
Does Teen have food or medication allergies?   If so, please specify:		
Does Teen take an medications? ☐ Yes ☐ No		
If yes, current medications (prescription and over	the-counter)	Dose & schedule
	,	
PLEASE BE SURE THAT MEDICATIONS ARE IN LABELED CONTAINERS.		
My child has my permission to keep medications list them independently $\square$ Yes $\square$ No $\square$ N/A	ted above in his/her po	ssession and take
Planned Parenthood has permission to provide over minor pain or insect bites (i.e., Ibuprofen, Tylenol, E		· · · · · · · · · · · · · · · · · · ·
Does teen have any conditions that would keep hir moderate physical activity? ☐ Yes ☐ No	n/her from participating	in group activities requiring
If so, please specify:		
As parent, I hereby give permission, in case of acc Education Program's representative(s) to seek me to the physician to hospitalize, secure treatment f son/daughter, as named above, according to the m whether known or unknown. (A parent will be con-	dical attention for my so or and to order injection edical standards and ex	on/daughter. I also give permission n, anesthesia, or surgery for my pertise then and there available,
Parent Signature:	Date:	
("Parent" is defined to mean one or both parents living in a Te separation from the Teen, is the person legally acting in full o		are not available because of permanent
Signature of Teen Council Peer Educator:		Date:



## Consent Form Photo/Video Release Form

Occasionally Planned Parenthood's teen peer education programs are featured for the excellent work the teen peer educators are doing. This could include participating in promotional events, news articles, year-book photos, etc.

By signing this form, you consent to be photographed, filmed, videotaped or recorded, and authorize Planned Parenthood Columbia Willamette to use the following materials:

	Still photographs	
	Videotapes and / or films	
	Audio tape (voice) recordings	
	Peer Educator's name	
	Other (Specify)	
Th	e above materials may be used in:	
	Planned Parenthood's Education, Fundraising, and Promotic Planned Parenthood's brochures, newsletters and publicatic Planned Parenthood's websites and other social networking Publicity & Press materials Grant Reports  Other (Specify)	ons g sites
Na	me of Teen Council Peer Educator:	
Sig	nature:	Date :
Na	me of Parent/Guardian of Teen Council Peer Educator:	
Sig	nature:	Date:



## Consent Form Travel Consent Form

I understand that my son/daughter participating in the Planned Parenthood Columbia Willamette's Teen Peer Education Program is responsible for his/her own transportation to meetings and events during the program year. However, I also agree that my son/daughter may, on occasion, need to be transported by the program coordinator or a responsible adult assisting with the program to community events, or program activities. Therefore, I hereby give my permission to have my son/daughter transported for these such purposes.

Signature:		Date:	
	(PARENT OR GUARDIAN)		
Signature:		Date:	
<u> </u>	(PARTICIPANT IF OVER 18)		



## Consent Form Vehicle Operation Liability Form

Name:				
□Yes/□No	I have a valid driv	er's license.		
	State:	License No:	Exp. Date:	<del></del>
□Yes/□No	\$25,000 per occu \$10,000 property	irrence and \$50,000 aggr	red by Oregon and/or Washing egate combined single limit of l must also carry Personal Injury	iability and
	Company:	Policy Numbe	:	
□Yes/□No	•	•	shington state driver's license a w for the duration of my involv	
□Yes/□No	vehicle when on F This business doe is considered con automobile insura occur. In the even	Planned Parenthood Colues not include transportation muting. I understand that ance coverage and agency at I am driving between lowered driving on PPCW but	my insurance is the primary insumbia Willamette (PPCW) Teen on to and from meetings and exwhile commuting, PPCW does will not be liable for damages exations and PPCW-sponsored exiness and my insurance is the	Council business. vents because this s not provide should an accide events, I understand
	Signature:		Date:	



## Consent Form Research Study

### Planned Parenthood of Columbia Willamette Teen Council Peer Education Program Parent/Guardian & Teen Consent For Research Form

Amanda McLaughlin (315.529.9500) and Christy Alger-Williams (503.758.0233)

Community Education Coordinators , Planned Parenthood of Columbia Willamette

Teen Council is a peer education program that has members from the Woodburn and Portland School Districts. It is made up of high school students who are trained to act as educational resources for their peers. Members make presentations in high school and middle school classrooms, as well as other educational community venues. An intensive training program begins with a Summer retreat and continues with weekly meetings throughout the school year.

Because we believe Teen Council has been a hugely successful program we are conducting evaluative research to substantiate our anecdotal information. A voluntary survey will be given to every teen who applies. Your participation in and your answers to the survey WILL NOT IMPACT whether or not you will be accepted into the program. The information on the survey is confidential, and will not be seen by anyone but a data administrator. You will be also asked to complete a follow-up survey at the end of the year.

If you agree to this study, you will be asked to fill out the survey before or during the retreat this year and again the following spring and every additional year you participate in Teen Council. The surveys have questions about your knowledge about sexual information, your attitudes about risky behavior, your attitudes about sex and specific sexual behavior questions. The survey you complete will not have your name on it; an anonymous assigned identifier will help the researcher compare the data from year to year.

Staff from Planned Parenthood Columbia Willamette will ask you to fill out the survey. We appreciate your willingness and honesty. Please remember that this survey is confidential. Your answers in association with your name will not be seen by anyone. Your answers will only be seen by a data analysis team. Your name will never be used in any outcome reports.

Being in this study is completely up to you. You can decide not to be in the study - it is completely separate from participating in Teen Council. If you have any questions, please call the program administrator at the number above.

Effective Dates of Survey: August 2012 - August 2017

The study described above has been explained to me. A copy of this form has been given to me. I agree to be in this study and to be contacted anytime within the next five years. I have had the chance to ask questions about the study. If I have any questions in the future about the study or about my rights, I can contact the program administrator above, or the Teen Council facilitator in my community.

Your Signature	Date	Staff Signature	Date
I voluntarily consent to allow my c Any future questions I may have a above, or the Teen Council facilita	bout the study or	about my child's rights will be ans	•
Parent/Guardian Signature	Date	Staff Signature	Date Page 14



## Retreat





## Retreat September 2013

**When:** Saturday, September 14th — Sunday September 15th 2013. The retreat will run from about 8:00am on September 14th through about 6:30pm on Sunday September 15th. Every teen will be able to call their parent/guardian when leaving Camp Kuratli to give a more exact arrival time.

Where: The Salvation Army's Camp Kuratli 24571 SE Highway 224 | Boring, OR 97009 | 503.637.5026

The Salvation Army's Camp Kuratli is only 40 miles away from Woodburn and offers 180 beautiful acres of wooded slopes, trails, creeks and green meadows, creating a unique outdoor experience for youth.

**Recreation:** There is space for frisbee, trails to explore, fire pit and more!

**Telephone:** Teen Council Coordinators will have cell phones for youth to use and can also be contacted in the case of an emergency. **Cell phone reception is limited!** 

Accommodations: Dormitory style sleeping accommodations furnished with bunk bed units. Youth must bring their own bedding & towels. All meals are home cooked and served in a scenic dining room. Please notify your teen council coordinator of food restrictions and vegetarian/vegan preferences by September 9th, 2013.

**Transportation:** Transportation to and from the retreat site will be organized by Planned Parenthood of the Columbia Willamette. First Student Bus Company will be providing the driver and bus for transportation.

#### Reaching Camp Kuratli in case of emergency:

From Portland - Head south on SE Grand Ave and continue onto SE McLoughlin Blvd. After 3.8 miles turn onto OR-224 E/Milwaukie Expy towards Clackamas/Estacada. After 4 miles turn onto I-205 South /OR-213 via Oregon City/Estacada ramp. After 1.1 miles take Exit 12A towards OR-212 E/OR-224 Carver Road towards Clackamas. After 3.5 miles turn right at OR-224 E/ Clackamas Hwy and continue for 6.3 miles. Camp Kuratli will be on the left.

Direcciónes al Campamiento desde Woodburn: - Sigue en OR-99 Norte para 16 miles, Salga en 205-N Seattle/The Dalles (Norte), tome Salida 12 OR-212 E/Or-224 E en dirección de Estacada y Mt. Hood, doble a la derecha en OR-212 E/OR-224 E Carver, doble a la derecha en OR-224 E Clackamas Hwy hasta 24571 SE Hwy 224 Boring, Or.

#### **Itinerary**

Day One: After arriving at the retreat center, teens will have a chance to get to know their fellow teen council members, as well as PPCW staff, and guests. They will attend several workshops on what it means to be a peer educator and learn more about the program. All general training is conducted by Planned Parenthood's Education team and special guests. After dinner, we will have one or two activities before they have free time to relax, be social, and enjoy the campgrounds.

Day Two: After breakfast, teen council members will go to a ropes challenge course provided by Team Synergo at Camp Kuratli. Teen council members will say goodbye to their new friends, and return to Woodburn High School parking lot around 6:30pm.



## Retreat Challenge Course

### Synergo Challenge Course (www.teamsynergo.com)

This experiential learning environment promises to facilitate lessons that are learned for life and relevant to the role of being a peer educator! Rope challenge courses are an important tool for teaching in this age of team building and self-development. The activities challenge individual and group expectations, and set the stage to explore the issues surrounding them.





SYNERGO has been building and designing

challenge courses in the Portland area since 1982. They build courses that are creative in design, accessible to people of all abilities, and planned with each group's needs. They are educated in the standards put forth by the Association for Challenge Course Technology (ACCT) and build all challenge course elements to meet these standards. Safety is their number one priority. Challenge courses are not much help without qualified facilitators. We will have a least 4 Synergo facilitators to provide various levels of training workshops for our teens.

Teen council members are encouraged to participate in rope course activities to the best of their ability and comfort level. Rope challenge courses are always the high point of every teen council retreat.

#### **About Challenge Courses**

- Challenge courses are composed of a variety of different elements that fit into three general categories.
- Challenge courses are used during orientations, team building programs, school programs and curricula, and trust building workshops, to name a few.
- The activities challenge individual and group expectations and boundaries, and set the stage to explore the issues surrounding them.
- The Challenge course we will be using is built outdoors.

More information to follow. Please don't hesitate to contact Coordinators with questions or concerns.

Important Contact Persons / Los Contactos de las Coordinadoras

Christy Alger-Williams
Community Education Coordinator
Christina.alger-williams@ppcw.org
(cell) 503.758.0233

Amanda McLaughlin
Community Education Coordinator
Amanda.mclaughlin@ppcw.org
(cell) 315-529-9500



## Retreat Consent Form

I understand that as a part of my son/daughter's training as a Peer Educator for Planned Parenthood's Teen Council Program, they will attend an overnight retreat hosted by Planned Parenthood Columbia Willamette. I give my consent for Planned Parenthood to take them to **Camp Kuratli**, 24571 SE Hwy 224 Boring, Oregon 97009 for this purpose on September 14th and 15th 2013. I have read the detailed information about the Retreat on the attached document and I have had all my questions answered.

I release Planned Parenthood Columbia Willamette and their staff from any claims or liability arising out of my son/daughter's participation. I understand that my son/daughter will be involved in some outdoor adventure during the retreat, including, but not limited to: hiking and team building initiatives (Challenge Course). The level of physical activity will depend on the specific activity and teen's ability to participate. **The Challenge Course will be provided by Team Synergo at Camp Kuratli**. You can find more details about the Challenge Course and the type of training Team Synergo does at www.teamsynergo.com.

Signature:		Date:	Date:	
	(Parent or Guardian)			
Signature:		Date:		
	(Participant if over 18)			