



Teen Council Application





Application

Applications Are Due Monday, May 14th

Thanks for applying and your interest in peer education!! Applications must be postmarked, emailed or faxed by Monday, May 14th. You can also hand your application to a current Teen Council member and they will deliver it for you! If you have questions CALL 503-775-4931 (Amanda x3283) or (Bianca x3252) or TEXT 315-529-9500 (Amanda) or 503-278-9520 (Bianca).

Mail

Teen Council at Planned Parenthood
Amanda McLaughlin (Woodburn)
or Bianca Taveras (Portland)
3727 NE MLK Jr. Blvd.
Portland, OR 97212

E-mail

Amanda.mclaughlin@ppcw.org
or Bianca.taveras@ppcw.org

Fax

503-788-7285

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.
- 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 2012/2013 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 the time to commit to this program! ____



Application

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

Personal Reference: 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.



Application

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.



Application

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 health 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/Text 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



Application Research Study

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

Amanda McLaughlin (503-775-4931 x3283) and Bianca Taveras (503-775-4931 x3252)
Community Education Coordinators , Planned Parenthood of Columbia Willamette

Teen Council is a peer education program that has members from the Woodburn, Portland and Gresham 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 child to be in this study. I have had the opportunity to ask questions about the study. Any future questions I may have about the study or about my child's rights will be answered by program administrator above, or the Teen Council facilitator in my community.

Parent/Guardian Signature

Date

Staff Signature

Date



Teen Council Consent Form





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

503.775.4931, ext. 3283

amanda.mclaughlin@ppcw.org

Bianca Taveras

Portland Teen Council Coordinator

503.775.4931, ext. 3252

bianca.taveras@ppcw.org

Your signed consent for your teen's participation is necessary for us to process the application. Please fill out this form and return the original hardcopy.

My daughter/son _____ has my permission to participate in the Teen Council Peer Education Program sponsored by Planned Parenthood Columbia Willamette.

Signature of Parent/Guardian: _____ Date: _____



Consent Form

General Medical Information

Date _____

Teen Name _____

Date of Birth _____ Age _____

Parent Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Alt. Phone # _____

Other Contact _____ Phone # _____ Alt. Phone # _____

Doctor Name / Address _____

Phone # _____

Hospital _____ Phone Number _____

CHECK OR FILL IN BLANKS TO ALL THAT APPLY

Does Teen have Health Insurance? Yes No

If yes, please complete Health Insurance information below:

Insurance Name _____ Group Number _____ ID number _____

Is Teen allergic to any medication or products? Yes No

If so, what? _____ Reaction: _____

Is Teen allergic to insect bites? Yes No

If so, does student have an insect bite kit for emergencies? Yes No

If so, where does Teen keep the kit? _____

When did Teen receive his/her 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? Yes No

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 listed above in his/her possession and take them independently Yes No N/A

Planned Parenthood has permission to provide over-the-counter medications to my child for the relief of minor pain or insect bites (i.e., Ibuprofen, Tylenol, Benadryl, hydrocortisone cream) Yes No

Does teen have any conditions that would keep him/her from participating in group activities requiring moderate physical activity? Yes No

If so, please specify: _____

As parent, I hereby give permission, in case of accident and/or emergency, to PPCW Teen Council Peer Education Program's representative(s) to seek medical attention for my son/daughter. I also give permission to the physician to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my son/daughter, as named above, according to the medical standards and expertise then and there available, whether known or unknown. (A parent will be contacted first, whenever possible).

Parent Signature: _____ Date: _____

("Parent" is defined to mean one or both parents living in a Teen's household or, if parent(s) are not available because of permanent separation from the Teen, is the person legally acting in full capacity of parent.)

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) _____

The above materials may be used in:

- Planned Parenthood's Education, Fundraising, and Promotional Programs
- Planned Parenthood's brochures, newsletters and publications
- Planned Parenthood's websites and other social networking sites
- Publicity & Press materials
- Grant Reports
- Other (Specify) _____

Name of Teen Council Peer Educator: _____

Signature: _____ Date : _____

Name of Parent/Guardian of Teen Council Peer Educator: _____

Signature: _____ 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: _____
(PARTICIPANT IF OVER 18)



Consent Form

Vehicle Operation Liability Form

Name: _____

Yes/ No I have a valid driver's license.

State: _____ License No: _____ Exp. Date: _____

Yes/ No I carry minimum auto liability limits as required by Oregon and/or Washington State of \$25,000 per occurrence and \$50,000 aggregate combined single limit of liability and \$10,000 property damage. Oregon drivers must also carry Personal Injury Protection and Underinsured Motorist coverage.

Company: _____ Policy Number: _____

Yes/ No I agree to maintain a current Oregon or Washington state driver's license and at least the minimum insurance required by state law for the duration of my involvement in the Teen Council.

Yes/ No I have been informed and understand that my insurance is the primary insurance covering my vehicle when on Planned Parenthood Columbia Willamette (PPCW) Teen Council business. This business does not include transportation to and from meetings and events because this is considered commuting. I understand that while commuting, PPCW does not provide automobile insurance coverage and agency will not be liable for damages should an accident occur. In the event I am driving between locations and PPCW-sponsored events, I understand that this is considered driving on PPCW business and my insurance is the primary insurance covering my vehicle.

Signature: _____ Date: _____