



Application for TEENS TAKING ACTION Peer Education Program

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Please return completed application to:

Your Local Planned Parenthood Health Educator via email, fax, or regular mail

Obtain contact information at:

www.pphsinc.org

This information will be kept confidential.

Today's Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____/_____/_____ Age: _____

Home Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Email Address: _____

Parent or Guardian's Name: _____

Address if different from above: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Email Address: _____

Name of School: _____

Grade you are in this year: _____

GPA: _____ Favorite Subject(s): _____

General Information

What do you think a peer educator is? _____

Why are you interested in becoming a peer educator? _____

Previous volunteer experience: _____

Other extracurricular activities: _____

What are you interested in doing after graduation? _____

Please list the names and contact information for 2 references:
(Full name, relationship to you, and phone number)

- 1. _____
- 2. _____

All of the above statements are true and you have my permission to verify them.

Applicant's Signature

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Parent Consent

Your daughter/son is applying for a position as a Peer Educator for Teens Taking Action, a program supporting healthy and informed decision-making about relationships and sexuality. Your signed consent is necessary for us to process the application. If you have any questions or concerns, please don't hesitate to call:

Planned Parenthood Health Systems – Administrative Office (919) 833-7534 *Ask to be connected to your local community health educator.*

My daughter/son _____ has my permission to participate in the Peer Education program sponsored by Planned Parenthood Health Systems. I understand that I am responsible for ensuring that my child has transportation to and from the program.

Parent/Guardian Signature

Date