



## **TWIN PORTS TEEN COUNCIL APPLICATION – 2007-2008**

### **Program Description:**

Teen Council is comprised of up to 12 local high school students who are passionate about educating their peers on topics concerning teen sexuality, healthy relationships and decision-making. Teen Council strives to reduce ignorance, promote acceptance, and stress the importance of communication between teens and the important people in their lives. After attending weekly training sessions during all of fall semester, Teen Council members present the information they learn to local schools and community groups. Teen Council members also participate in community events throughout the year such as World AIDS Day, Domestic Violence Month, & Teen Pregnancy Prevention Month.

Teen Council is made up of members with a variety of beliefs and viewpoints. Each member contributes to the council in his or her own way. We welcome diversity. No one is expected to come into the group with vast amounts of knowledge. Rather, we hope everyone who is selected comes ready to learn in an atmosphere that is fun, supportive, and engaging. We strive to create a strong and diverse group.

Council meetings occur every Tuesday evening throughout the academic year, 6:15-8:30 PM. *Our expectation is that students plan all other extra-curricular activities (work, clubs, sports, etc.) in accordance with this schedule. Members will miss about one school day per month to do peer education, and members will be responsible for budgeting their time and keeping up with their academic work. Please consider this carefully, and decide if you really have time to be a member of Teen Council.*

In addition, Teen Council members will participate in a 2-night/3-day training retreat. Attendance at the retreat is **mandatory**. The retreat will be held during the last two weeks of August, and is free of charge.

Please complete the attached application. **(Attach additional sheets as needed.)**

Applications are due on or before **May 2007**.

*Return completed application to:*

**Teen Council  
Planned Parenthood  
1001 E. Central Entrance  
Duluth, MN 55811**

*To request more information, please contact the Duluth Planned Parenthood.*

**Phone:** 218-722-3267 (ask for the Education Department)

**Email:** [agalloway@ppmns.org](mailto:agalloway@ppmns.org)

*or visit us on our website at [www.ppmns.org](http://www.ppmns.org).*

***Please return your application as soon as possible, as space is limited.***

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender/ Race (optional) \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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School \_\_\_\_\_

Grade in 2006-2007 \_\_\_\_\_

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Name(s) of Parent/Guardian(s) \_\_\_\_\_

*Please give us the name of an adult (teacher, administrator, other staff member) **from your school or other youth serving program** as a reference. If you are selected for an interview, we will contact this person for more information.*

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Name of reference \_\_\_\_\_ Phone Number \_\_\_\_\_

*Teen Council members will be encouraged to develop their leadership skills in a number of creative ways. After comprehensive training and guidance, Teen Council members will be expected to provide presentations and participate in various projects in local schools and community groups. Topics of presentations that Teen Council members will provide include birth control, sexually transmitted infections, healthy relationships, body image, etc. Projects that Teen Council members may participate in include writing articles for their school newspaper, starting a "question/answer" column in the local paper for teens, and planning events for World AIDS Day, Teen Pregnancy Prevention Month, etc.*

**If accepted as a member of Teen Council, I agree to fully participate in Teen Council activities (within reasonable commitment & time limits).**

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**Signature** \_\_\_\_\_

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**Date** \_\_\_\_\_

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**To be read and signed by parent or guardian:**

I have read the first page of this application and I understand the commitment participation in Teen Council will require of my daughter/son; I give permission for her/him to participate in Teen Council.

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**Signature of Parent/Guardian** \_\_\_\_\_

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**Date** \_\_\_\_\_

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*Please respond to the following questions/scenarios. We want to know what you think, so please answer as honestly as you can. You may attach another sheet of paper if you need to.*

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

2. By creating a diverse yet focused Teen Council, we are a strong and successful council. Are there any things about your background or identity you believe would help broaden or strengthen our education work in the classroom?

3. Please list any extra-curricular activities you will be involved in next year (include work)

...considering these activities, please explain in detail how you plan to prioritize your time and schedule so that you are able to attend all Teen Council meetings as well as school presentations:

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4. How would you respond to a friend who came to you with a concern about his girlfriend's pregnancy? He doesn't know what to do. What would you tell him?

5. You recently met a person and are becoming friends. You hear rumors that this person is gay/lesbian. How do you feel? What would you do?

6. What issues do you think concern teens the most? Why?

7. A friend calls you and explains that the night before, she had been out with a guy she has dated a few times. During the course of the night he kept pushing her to do more than she wanted to do. They ended up having sex, even though she didn't really want to. She is very upset. What would you say to her?

**Thanks for applying and for your interest in peer education!!!**

