

Name: _____



Application



Planned Parenthood Columbia Willamette



Application

Thanks for applying and for your interest in peer education!! 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/Woodburn) or **503-758-0233** (Christy/Portland).

Mail

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

E-mail

Amanda.mclaughlin@ppcw.org
or Christina.alger-williams@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 2014/2015 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 in September. ____
- 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/Guardian name(s) and relationship to you (*father, mother, stepfather, stepmother, etc.*)

Languages spoken at home

School/Grade you will be in next year

Current age/Birthday

Gender: _____

Race/Ethnicity:

- | | | |
|--|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> African-American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> Latinx/Latina/Latino | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other | <input type="checkbox"/> Pacific Islander |

Preferred Pronoun:

- She/her Him/his They/their Ze/hir Other: _____



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?
2. What do you hope to gain from this experience?
3. Tell us the most important parts of yourself; give us a sense of who you are.
4. Teen Council is a big time commitment (we meet on Mondays, after school), how will you manage your time and other obligations?



Application

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

7. Is there anything else about yourself/your circumstances that you think is important for us to know?

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. 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.



Consent Form

Dear Parent/Guardian,

We are pleased that your child 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 Barreto

Woodburn Teen Council Coordinator

315.529.9500

amanda.mclaughlin@ppcw.org

Christy Alger-Williams

Portland Teen Council Coordinator

503.758.0233

christina.alger-williams@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 child _____ 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, yearbook photos, etc.

By signing this form, you consent to be photographed, filmed, videotaped or recorded, and authorize Planned Parenthood Federation of America and all other Planned Parenthood organizations (collectively, "Planned Parenthood") and their authorized representatives, 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 & Vehicle Operation Liability Form

I understand that my child is participating in the Planned Parenthood Columbia Willamette's Teen Peer Education Program. He/she/they are responsible for their own transportation to meetings and events during the program year. However, I also agree that my child 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 child transported for these such purposes.

Signature: _____
(PARENT OR GUARDIAN)

Date: _____

Signature: _____
(PARTICIPANT IF OVER 18)

Date: _____

.....
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: _____



Retreat

September 2014

When: The retreat will be held September 26th-28th 2014.

Where: Mt. Hood Kiwanis Camp
83500 Kiwanis Camp Rd | Government Camp, OR 97028 | 503.452.7416

Camp Kiwanis is located 53 miles east of Portland in the heart of Mt. Hood National Forest, the Little Zig Zag River flows through camp. The camp grounds offer beautiful views, trails, creeks and wooded slopes, creating a unique outdoor experience for youth.

Recreation: There is space for soccer, trails to explore, a 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 provide 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.

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



I understand that as a part of my child's training as a Peer Educator for Planned Parenthood's Teen Council Program, they are required to attend an overnight retreat hosted by Planned Parenthood Columbia Willamette. I give my consent for Planned Parenthood to take them to **Camp Kiwanis**, 83500 Kiwanis Camp Rd, Government Camp, OR 97028. 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 Kiwanis.** You can find more details about the Challenge Course and the type of training Team Synergo does at www.teamsynergo.com.

Signature: _____ Date: _____
(Parent or Guardian)

Signature: _____ Date: _____
(Participant if over 18)

Synergo Challenge Course



Retreat 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.

**Christy Alger-Williams: Portland
Community Education Coordinator**

Christina.alger-williams@ppcw.org
(cell) 503.758.0233

**Amanda McLaughlin Barreto: Woodburn
Community Education Coordinator**

Amanda.mclaughlin@ppcw.org
(cell) 315-529-9500

SYNERGO CHALLENGE COURSE

Participants Name: _____ Birth Date: _____ Age: _____
Address: _____ Phone: _____
Organization with which you are participating: _____
Health insurance Co. _____ Policy #: _____
Doctor's Name: _____ Phone: _____

Please read this document carefully. It must be signed by all participants in programs of Synergo. If the participant is a minor, at least one parent or guardian (parent and guardian being referred to as Parent) must also sign, as evidence of their agreement to these terms and conditions on their own behalf and on behalf of the minor participant. References in this agreement to "I" or "we" refer to all who sign below, unless otherwise indicated.

PARTICIPANT AGREEMENT

(Including Acknowledgment and Assumption of Risks, Agreements of Release and Indemnity, and Other Provisions)

In consideration of the services of Synergo, LLC, a Limited Liability Company organized and existing under the laws of the State of Oregon (referred to in this document as "Synergo"), I, Participant and Parent of a minor participant, acknowledge and agree, for myself and on behalf of a minor participant for whom I sign, as follows:

Activities and Risks

I understand that the challenge course activities conducted by Synergo, the structures and premises on which they are conducted and related equipment, may expose participants to certain risks. The activities require moderate physical exertion, and include a variety of games and initiatives, high and low challenge course elements (a variety of structures over, through and on which participants may be asked to walk, swing or climb, with or without the assistance of staff or co-participants) and associated challenge course climbing activities. Certain of the challenge course elements may be as high as 50 feet off the ground and, while reasonable measures will be taken to prevent a fall or collision, accidents may occur.

Among the hazards and risks of the activities and use of the premises and equipment are the following: falls; abrupt and possibly damaging contact with structures and other objects, and other persons; anxieties and fears associated with heights; close contact with other participants; the carelessness of participants, and misjudgments on the part of the staff of Synergo, the failure of structures and equipment; and the unpredictable forces of nature. Participants may experience an increased heart rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, and a fear of height or of being unprotected or falling. Participants and staff may fail to follow proper procedures, instructions and the operating policies of Synergo. Injuries associated with participation in this program may include breaks, sprains, strains, bruises and other contusions and in extreme cases, emotional upset, anxiety and even death.

I understand that there may be times during the training day in which participants will not be supervised by Synergo, and that Synergo has no responsibility for participant during those times, or for the general condition of the premises on which the activities are conducted, or for any activity on such premises other than the actual training activities.

The description above of these risks is not complete and other unknown or unanticipated risks may result in property loss, injury or death. Engaging in these activities may require a degree of skill and knowledge different from other activities with which participants may be familiar. Participants have responsibilities for managing the risks to themselves others. The training activities are instructional in nature and participants are

expected to expand and challenge their skills and judgment. Participant and Parent acknowledge that participation in this activity is purely voluntary, and with full knowledge of the inherent and other risks.

Acknowledgment and Assumption of Risks

Understanding the nature of the activities and their risks, and that other risks may be encountered which cannot be reasonably anticipated, I acknowledge and expressly assume all risks of the Synergo activities, whether or not described in this document, known or unknown and inherent or not. I take full responsibility for any injury or loss, including death, which I, or the minor for whom I sign, my suffer, arising in whole or part out of my, or the minor's, enrollment or participation in the activities of Synergo.

Release and Indemnity

If I am an adult Participant or the Parent of a minor Participant, I hereby agree, for myself and on behalf of the minor participant for whom I sign below, TO RELEASE, INDEMNIFY (that is, defend, protect and pay claims, including costs and attorneys fees), AND HOLD HARMLESS Synergo, its owners, officers, agents, and employees, ("Released Parties"), with respect to any and all claims of injury, disability, death, or other loss or damage to person or property suffered by me, by any member of my family, rescuers, co-participants, or any other person, arising in whole or part from my participation in the training or any related activity, WHETHER ARISING FROM THE NEGLIGENCE OF A RELEASED PARTY OR OTHERWISE, and to the fullest extent permitted by law.

Additional Provisions

I, an adult Participant or Parent of a minor Participant, authorize Synergo to provide or obtain for me, or for the minor, such medical care as it considers necessary and appropriate, and I agree to pay all costs associated with such care and related transportation. Synergo and any third party medical care giver are authorized to exchange medical information concerning my, or the minor's, medical condition. Any dispute between a Released Party and Parent or Participant will be governed by the substantive laws of the State of Oregon (not including laws which might apply the laws of another jurisdiction), and any mediation or suit shall take place only in that state, in Multnomah County. If the dispute cannot be resolved by mutual agreement, I agree to submit it to a mediator recognized by the Courts of that State and County. I will pay all costs and attorney's fees incurred by any Released Party in defending a claim or suit brought by me, or by or on behalf of the minor participant, if the claim or suit is withdrawn or to the extent a court or mediator determines that the Released Party is not responsible for the claimed injury or loss.

This agreement is entered into voluntarily, and after careful consideration. Its terms cannot be supplemented or amended except in writing. I understand and agree that it is binding, to the fullest extent allowed by law, upon all persons signing below, their respective heirs, executors, administrators, wards, minor children (whether or not they are Participants) and other family members. If any part of this agreement is found by a Court or other appropriate authority to be invalid, the remainder of the agreement nevertheless shall be in full force and effect.

In emergency call: _____ Phone: _____

Signature of participant: _____ Date: _____

Signature of Parent (if participant is under 18): _____ Date: _____