## Teen PEP Peer Educator Application 2018-2019



You must be able to meet the following requirements in order to be eligible to apply:				
Program Requirements:  Attendance at a two day overnight retreat  Attendance at Teen PEP classes, workshops, and oth  Attendance at a one-day, mid-program retreat to be so  Signature of your parent or guardian				
Name: Last Mailing Address:				
PO Box or Street		_		
City	State	Zip Code		
Email:  As a Teen Prevention Education Program (Teen PEP) peer e				
in my school and community, and I will behave accordingly. Sboth in and out of school.	Specifically, I v	vill uphold the rules of my sch	ool	
Your Signature		Date		
My child has my permission and full support to participate in T program evaluation activities, which may involve participation anonymous pre-program and post–program surveys about kr sexual health.	in focus group	s and completion of	D	
Parent or Guardian Signature		Date		

Complete both sides of this application and return to (Mrs. DiPietro or Mrs. Yorkman) by (March 7, 2018).

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Why do you want to be a Teen PEP peer educator? What do you think you can contribute to the program? How do you think you will benefit from participating?						
What do you think teenagers need to know about sexual health? Please explain.						
What do you think teerlagers need to know about sexual health? Please explain.						
What three words would your best friend use to describe the type of person you are?						
List any extracurricular and/or volunteer activities including jobs and sports that you will be involved with on weekdays between (month) and (month), and approximately when these activities will take place.						
Activity	Months of the Year	Days of the Week	Times of the Day			

Complete both sides of this application and return to (Mrs. DiPietro or Mrs. Yorkman) by (March 7, 2018)