**Highland High School**

**Teen PEP Peer Educator Application**

**2020-2021**

**(page 1 of 2)**

Name:

 First Middle Initial Last

Home Phone:

Grade: Date of Birth:

Email:

**Wait! You must be able to meet the following requirements for your application to be considered:**

Application Requirements:

* Participation in a Group/Individual Interview during Tartan Time (date/time to be announced). You will receive a pass the week of your interview. Interviews will take place over a few weeks. If you do not receive a pass by the end of February, please notify Mrs. Blaese or Mrs. Lynch ASAP.
	+ - If you miss your interview you WILL NOT be given another opportunity to interview.
		- If you cannot make your scheduled date and time, please notify Mrs. Blaese or Mrs. Lynch PRIOR to make arrangements for another date and time.

Program Requirements:

* Attendance at an overnight retreat held in March (Date TBA)
* There will also be a one-day retreat in September in addition to the overnight retreat. (Date TBA)

**YOU MUST BE THERE FOR THE ENTIRE RETREAT (both days/both times)!!!!**

* Signature of parent or guardian
* Attendance at the Family Night Event, which will be held April at Highland High School.
* Attendance at the Passing of the Torch, which will be held in May/June at Highland High School.

**If you can meet the above requirements, complete both pages of this application and return to Mrs. Blaese or Mrs. Lynch by January 17, 2020.**

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| --- |
| As a New Jersey Teen Prevention Education Program (Teen PEP) peer educator, I will be aware that I am a role model in my school and community, and I will behave accordingly. Specifically, I will uphold the rules of my school both in and out of school. Your Signature Date |

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| --- |
| My child, , has permission to participate in Teen PEP as a peer educator for the 2020-2021 school year, and to participate in program evaluation which involves completion of an anonymous pre-test and post–test program survey about sexual health knowledge, attitudes and behaviors. Signature of Parent/Guardian Date |

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**(Page 2 of 2)**

Name:

1. Please list any extracurricular and/or volunteer activities, including jobs and sports that you will be involved with on weekdays between September 2020 and June 2021. In the appropriate column, list the approximate months of the year, days of the week, and times of the day that these activities will take place.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Months of the Year | Days of the Week | Times of the Day |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

2. If your best friend were asked what type of person you are, what three words would he or she use to describe you?

1. 2. 3.

1. What do you think are the three most important things for teenagers to know about sexual health? Please explain.

1.

2.

3.

1. What can you contribute to the program? How will you benefit from participating?

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