



SOCIETY *for the* **PREVENTION** *of* **TEEN SUICIDE**

SPTS YOUTH COUNCIL 2016-2017 MEMBER APPLICATION

Society for the Prevention of Teen Suicide

110 West Main Street Freehold, NJ 07728

(732) 410-7900

Applications due by: June 30, 2016

nicole@sptsusa.org



SPTS YOUTH COUNCIL

Dear Student,

Thank you for your interest in the Society for the Prevention of Teen Suicide's Youth Council! We are so grateful to have students like YOU who are passionate about helping their peers and saving lives. In its first year alone, more than 60 students just like you took up a pledge to help let their peers know that they are never alone.

The mission of The Society for the Prevention of Teen Suicide (SPTS) is to reduce the number of youth suicides and attempted suicides by encouraging public awareness through the development and promotion of educational training programs.

With initiatives such as our annual Youth Wellness Summit, social media campaigns, and fundraising, the SPTS Youth Council plays a critical part in helping our organization fulfill the needs of our mission. As the Youth Council's agenda are self-set by students just like you, it's imperative that those applying have a passion and commitment to being an active member. Youth Council members can expect to participate in:

- Bimonthly meetings;
- Fundraising events;
- Online social media campaigns;
- Youth Wellness Summit Planning Meetings; and,
- March 14, 2017 Youth Wellness Summit.

How to apply: If you are interested in applying for the SPTS Youth Council for a one year commitment, please complete the following application and follow the instructions for submission. The application consists of basic information, commitment/parent consent, and two letters of recommendation due by June 30, 2016. After your application has been received, you will be required to participate in a telephone interview with Youth Council Chair Jeannine Grasso and Youth Council Director Nicole D'Amore. For more information, please contact Nicole D'Amore at:

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SPTS YOUTH COUNCIL APPLICATION CHECKLIST

- Application
- Questionnaire Responses
- Signed Student Consent
- Signed Parental Consent

- (2) Letters of Recommendation:

Letters of Recommendation should be sent directly to the Society for the Prevention of Teen Suicide at 110 West Main Street, Freehold, NJ 07728, Attn: Nicole D'Amore. They can also be emailed directly to nicole@sptsusa.org.

Letters of Recommendation must be submitted by two adult references that are not related to you, but can speak about your skills and abilities that will be beneficial to the needs of the Youth Council.

- Availability for Interviews:

Please RSVP at the following link:

<http://doodle.com/poll/dc2hm2iv9bxd3rim>

APPLICATION DEADLINE: JUNE 30, 2016*

**All materials above must be in receipt of SPTS by the deadline in order to be considered for the 2016-2017 school year.*

SPTS YOUTH COUNCIL APPLICATION

APPLICANT INFORMATION

Applicant's Name: _____ Grade level as of Sept: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Do you have a driver's license ? [Yes/No] Would you be driving yourself to meetings? [Yes/No]

Will you be receiving a driver's license this year? [Yes/No] If so, when? _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

SCHOOL INFORMATION

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Guidance Counselor or SAC: _____ Email: _____

Phone: _____ School Website (if any): _____

SPTS YOUTH COUNCIL APPLICATION QUESTIONNAIRE

Please respond to the following questions. You may provide responses to these questions on a separate sheet of paper or if more space is needed.

1. Please describe any current or previous involvement in a youth organization/council/group:

2. Please list and describe any current or previous extracurricular, volunteer, or leadership experiences that you have had in your school community:

3. Have you been directly impacted by suicide?

4. Explain why you would like to be a member of the SPTS Youth Council:

5. Describe a project or school initiative that you are a part of. Please be specific in describing your mission and how you have involved others with your work.

6. List three skills you think a leader possesses and describe why you feel you would make a good Youth Council leader:

7. Can you commit to being a member of the SPTS Youth Council from August 2016 through May 2017? [Yes/No]

8. Describe a trusted adult who is important to you. What about that person makes them a trusted adult?

9. How did you hear about this opportunity?

10. Please feel free to provide any additional information that you feel may support your application to the Youth Council:

SPTS YOUTH COUNCIL - CONSENT FORM

STUDENT CONSENT

I, _____, agree to participating in the SPTS Youth Council by listening, offering my opinion, respecting the opinions of others, maintaining the confidence of others and attending all council meetings. I understand that my active participation, as much as my schedule will allow, is a necessary component of the ability of the Youth Council to succeed. I promise to uphold the values and mission of the Society for the Prevention of Teen Suicide in my actions as a Youth Council member.

Student Signature

Date

PARENTAL CONSENT

I, the undersigned Parent/Legal Guardian of _____, (hereinafter referred to as the "Member"), hereby consent to and give my permission for the following:

1. That the Member has my consent and permission to participate as a member of the SPTS Youth Council.
2. That the Member has my consent and permission to participate in all Youth Council activities, which may also include activities held at other locations.
3. On behalf of the Member and myself, I acknowledge that the Member will be participating at his/her own risk and I, on his/her and my own behalf, hereby release, discharge and indemnify the Society for the Prevention of Teen Suicide Inc. and its subsidiaries from all liability for injury to person or damage to property of myself and the Member arising out of participation in, and transportation associated with, Youth Council and its activities.
4. In permitting the Member to participate, I am specifically granting permission to the Society for the Prevention of Teen Suicide and the Youth Council to use the likeness, voice and words of the Member in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Youth Council and appealing for funds to support such activities.
5. In the event of an accident or illness during Youth Council activities, I understand that reasonable effort will be made to contact the parent/guardian (listed in this application) immediately. However, I am aware that if the injury or illness appears serious and the

parent/guardian cannot be reached, the adult in charge will secure emergency medical care as needed.

6. I understand that the content of the Youth Council meetings will include information and strategies pertaining to suicide and prevention, and will empower youth with tools to promote awareness initiatives in their schools and local communities.
7. I also understand that it is my responsibility to provide for or arrange for transportation to all council meetings.

By signing below you affirm that you have read and agree to the expectations and guidelines of the Society for the Prevention of Teen Suicide's Youth Council.

_____ Date
Parent/ Guardian Name (Please Print)

_____ Date
Parent/Guardian Signature