

Thornton Sex Ed Squad Application

Project PLAY: Peer Leadership Alternatives for Youth
A Daly City Youth Health Center Affiliated Program
2780 Junipero Serra Blvd. Daly City CA 94015
Facilitator: Marguerite Machen 650 985-7022
e-mail - margmachen@aol.com



I. Personal Information (Please PRINT Clearly)

Full Name: _____

Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

Birth Date (mm/dd/yyyy): _____ Age: _____ Grade: _____ Gender: _____

E-Mail Address: _____

Emergency Contact Name: _____ Relation: _____

Address: _____ Phone: _____

Check which racio-cultural identity best describes you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Latino/a | <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> White/Anglo | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other (please specify): _____ |

Languages you are fluent in (other than English): _____

Your Homeroom Teacher: _____ Room #: _____

What School Did You Attend Prior To Thornton? _____

When did you start at Thornton? (Month, Year) _____

Why are you at Thornton?

II. Short Answer Section

In Section A, you are given situations that might come up as a peer health educator. In the space provided, write down how you would respond to the situations. In Section B, you are asked to answer questions about your public speaking experience and expectations for peer group. Spelling and grammar don't count, and there are no right answers. Answer honestly and true to your experience.

A. Health Questions

1. What would you say to a peer who is thinking about having sex without using protection?

2. If a peer told you that they thought they were lesbian, gay, bisexual, or non-heterosexual, how would you react? What kinds of advice might you give them?

3. A male/female couple has found out that the female partner is pregnant. They're currently discussing getting an abortion and come to you for advice. What do you say to them?

B. Peer Health Education and Presentation Skills

1. Have you ever done presentations in front of a group? What was the experience like?

2. Why do you want to be a Peer Health Educator?

3. Name three characteristics that you think would make for a good Peer Health Educator. Please also state why you think these characteristics are important.

4. What do you hope to get out of being a part of the Peer Health Education Program?

C. Miscellaneous

1. Do you have any questions or concerns about the program?



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Project PLAY
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Daly City, CA 94015

Consent for Thornton Peer Health Education Program

I give consent for _____ to participate in the Daly City Youth Health Center's Peer Health Education Program at Thornton School. I understand that within the program, my teen will be learning various topics including reproductive health, presentation skills, team building skills, and effective group facilitation. The goal of this group is to educate teens about reproductive health issues and increase their public speaking abilities so that they can communicate information in an accurate and productive manner.

I also understand that teens will complete a confidential survey at the beginning and end of the program. This survey will include questions focused around what knowledge they hold about various reproductive health topics including, but not limited to, safer sex and contraceptive methods, STIs (sexually transmitted infections), refusing sexual activity, and inclusivity.

I know that my teen is required to be in peer group every Wednesday from 12:30p to 1:30p.

If I have any questions, concerns, or comments about the Peer Health Education Program, I can direct them at any time to Marguerite Machen, Outreach Worker, at the Daly City Youth Health Center by e-mail, margmachen@aol.com, or by phone (650) 985-7022.

Guardian Name Printed: _____

Guardian Signature: _____ Date: _____

PERMISSION TO TAKE AND USE PHOTO

I _____ give permission to the Daly City Youth Health Center (DCYHC) to take a photo of me and use the photo for promoting and/or publicizing the DCYHC. Examples of promotional materials include: DCYHC's website, newsletters, brochures, fundraising letters and annual reports. My name will not be placed with the photo nor will my name be mentioned anywhere in the promotional materials. I understand that if my photo is selected for use in promoting the DCYHC, my photo will be available for public use.

The DCYHC reserves the right to remove the photo from its promotional materials at anytime. The DCYHC is not responsible for any reproductions of my photo as it appears on DCYHC's promotional materials.

By signing below, I/We agree to hold the DCYHC harmless against any/all claims relating to the posting of my photo on DCYHC's website, or placement of the photo in any other DCYHC promotional materials. I/We agree to hold the DCYHC harmless against any/all claim relating to any unauthorized reproductions of my photo.

Youth Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____