



Dear Potential Peer Educator:

Thank you for your interest in the **2016-2017 HiTops Teen Council**, a group of high school Seniors well-trained as peer health educators to educate other students at middle and high school levels throughout New Jersey. During the school year, the Teen Council conducts workshops on difficult issues facing teens today such as unplanned pregnancy, sexually transmitted infections, HIV/AIDS, sexual decision-making and the effects of alcohol and other drugs, dating violence, date rape, and communication with peers and parents. Our goal is to empower young people with the knowledge and information they need to make responsible, healthy decisions. The program is part of the New Jersey Teen PEP network and is sponsored by the New Jersey Department of Health.

Through interactive activities and group discussions, Teen Council peer educators are trained in sexuality issues, group facilitation, and leadership skills. The young people who are selected for the program are role models in a position of leadership, and are required to make a sizeable commitment of time, dedication, and responsibility during the school year.

If you are interested in becoming a member of the HiTops Teen Council, please share this letter and the application with your parents or guardians and discuss with them the responsibilities and potential benefits of being a peer educator. Then complete both sides of the enclosed application and return it as soon as possible. Your application **must include the signature of your parent or legal guardian** in order to be considered. Please apply to the program only if you are serious about helping and supporting others while learning about sexual health issues, and if you are able to make the time commitments noted below.

We have scheduled a ***Group Interview*** for **WEDNESDAY, MARCH 9th from 6:45 p.m. to 9:30 p.m.** at the Nassau Presbyterian Church, 61 Nassau Street, Princeton, NJ. **All applicants must participate in this interview.** The *Group Interview* will give us an opportunity to get to know you better and to give you firsthand experience participating in a HiTops activity. Following the *Group Interview* all applicants must participate in an ***Individual Interview*** with Teen Council advisors. **Applications are DUE NO LATER than MARCH 4th** and may be dropped off at HiTops in person or mailed in. Thanks and we look forward to meeting you!

Sincerely,

Susan Lembo (609-683-5155 x232, slembo@hitops.org)
Carolyn Santoro (609-683-5155 x220, csantoro@hitops.org)
Daniel Fernandez (609-683-5155 x234, dfernandez@hitops.org)
HiTops Teen Council Advisors

DATES TO REMEMBER: Required Attendance! (Please keep this page for future reference)

- ***Group Interview: WEDNESDAY, MARCH 9th***, 6:45-9:30pm in the Main Assembly Room at Nassau Presbyterian Church, 61 Nassau Street Princeton, NJ
- ***Individual Interviews by sign up:*** During the week **3/14, 3/21, 3/28 or 4/4** @ HiTops
- ***Teen PEP Day Of Learning (if selected):*** **WEDNESDAY, MAY 18th** @ RWJ Wellness Center
- ***Passing the Torch (if selected):*** **WEDNESDAY, JUNE 8th**, 6:30-9:30pm @Nassau Presbyterian
- ***Summer Retreat (if selected):*** **WEDNESDAY, AUGUST 3rd – FRIDAY, AUGUST 5th**
- ***Summer Training week (if selected):*** **AUGUST 8th-AUGUST 12th** (1-4pm Monday-Friday)



HiTops Application: Letter to Parents/Guardians

Dear Parents/Guardians,

We believe that the HiTops Teen Council program is always most effective when parents feel informed and involved with their child's participation in the work of the Peer Educators. We hope that you have read over the cover letter of this application and have an idea of the work we do. Please feel free to call us with any questions or concerns you may have. If your child is selected for the Teen Council he or she will receive over 150 hours of training in human sexuality, presentation skills, group facilitation, communication and negotiation skills and interactive educational techniques. The HiTops program is considered the most comprehensive, high quality training of this type available in New Jersey. Members of past years' Teen Councils consistently cite the HiTops experiences as among the most important in their lives. Teaching one's peers helps build self-esteem and confidence in a way that is often transforming.

In the past we required tuition to participate in this program. Fortunately, this year we will be able to offer the program free of cost. The cost of training each Teen Council member exceeds \$2,500 per year. These funds cover the following:

- 3 day overnight Camp retreat in August
- 5 days of on-site intensive instruction in August
- An overnight residential retreat in January/February
- Transportation to and from the workshops, summer retreat and the Day of Learning
- Weekly, 3-hour training sessions every Tuesday evening from September – June
- Materials: complete notebook of all instructional and educational outreach materials for the year

If your child is accepted into the Teen Council, you will be asked to *consider* making a contribution in any amount and at any time to HiTops in order to supplement our funds. There is **no obligation** to contribute, but additional support is always appreciated.

Please be sure to sign this application.

After the 2016-2017 Teen Council is selected, we will be holding an information session in the Fall for the parents/guardians of selected students. We will be sending information along about the date and location as soon as it is available. We look forward to meeting the parents/guardians of our 2016-2017 Teen Council and to working closely with them in the coming year.

Sincerely,
HiTops Teen Council Advisors:

Susan Lembo

Carolyn Santoro

Daniel Fernandez

**HiTOPS Teen Council
Peer Educator Application
2016-2017
(Please print clearly)**

Name: _____
First Middle Initial Last

Address: _____
Street and/or P.O. Box City State Zip Code

School: _____ Male: _____ Female: _____ Other: _____

Home Phone #: _____ E-mail: _____

Cell Phone #: _____ Date of Birth: _____

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

Application Requirements:

- Participation in the 3-hour **Group Interview** on **WEDNESDAY, MARCH 9th** from 6:45 p.m. to 9:30 p.m. in the Main Assembly Room at Nassau Presbyterian Church, 61 Nassau Street, Princeton, NJ
- Participation in a 30min **Individual Interview** by sign up during the week 3/14, 3/21, 3/28 or 4/4 @ HiTOPS
- Completed application, with parent/guardian signature, **due no later than FRIDAY MARCH 4th!**
You can drop it off at HiTOPS in person or mail it in.

Program Requirements if selected (Non-Negotiable):

- Attendance at a 3-day overnight training/retreat at Linwood MacDonald YMCA Camp in Branchville, NJ from **WEDNESDAY, AUGUST 3rd – FRIDAY, AUGUST 5th**
- Attendance at the week long initial training **AUGUST 8th- AUGUST 12th** (1-4pm Monday-Friday) location TBD
- Attendance at **all** Tuesday training sessions during the school year at HiTOPS
Note: Training sessions will be held from 6:30 p.m. to 9:30 p.m. every Tuesday from September through June.

Other Dates to Consider if Selected:

- Attendance at the New Jersey Teen PEP Day of Learning on **May 18th time @ RWJ Conference Center**
- Attendance at the “Passing the Torch” ceremony on **WEDNESDAY JUNE 8th** from 6:30-9:30pm, at Nassau Presbyterian Church

If you can meet the above requirements, complete **BOTH SIDES** of this application and return it as soon as possible to:
Susan Lembo at HiTOPS, 21 Wiggins St. Princeton, NJ 08540.

****THE FINAL DEADLINE FOR APPLICATIONS IS FRIDAY MARCH 4th!****

If selected to be a 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 and HiTOPS both in & out of school

Your Signature _____ Date _____

My child, _____, has permission to be considered for participation in the HiTOPS Teen Council for the 2016-2017 school year, and to participate in program evaluation which involves completion of an anonymous program survey about sexual health knowledge, attitudes, and behaviors.

Signature of Parent/Guardian _____ Date _____

Part 2 Instructions: Please print clearly and answer each of the following questions.

(If more space is needed, please attach an additional sheet to your application)

1. The HiTOPS Teen Council requires a sizeable commitment of time. It is important for you to carefully consider whether you will be able to attend all of the training sessions. Below, please list any extracurricular and/or volunteer activities, including jobs and sports, which you will be involved with on weekdays between September 2016 and June 2017. 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

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. _____

3. What do you think are the three most important things for a teenager to know about sex? Please explain.

1. _____

2. _____

3. _____

4. Why do you want to be a peer educator for the HiTOPS Teen Council? What can you contribute to the program? How will you benefit from the program? (if more space is needed, please attach additional paper)

