

**Youth 2 Youth Peer Advocates
Shelton Youth Service Bureau
120 Meadow Street
Rm 215
203 924-7614**

Peer Advocate Application Form

Name (print) _____ Birth Date _____
Grade _____ Homeroom _____ School House Number _____
Race/Ethnicity _____ Parents' Phone Number _____
Address _____ Cell Phone _____

Peer Advocate- A youth who, through community service and representing others, tries to improve their community and spread awareness about important issues while maintaining a positive and helpful attitude.

1. Why do you want to be a peer advocate?

2. Why do you think a peer advocate is important to your school and community?

3. What qualifies you to be a peer advocate?

4. What experiences have you had that would make you a good peer advocate?

5. How did you hear about Youth2Youth? Why do you want to join Y2Y?

6. What ideas do you have for the group and our community?

7. What would you like to gain from the group? What can you bring to the group?

8. What is your definition of non-judgmental? How would you apply it in your role as a peer advocate?

9. What is your definition of commitment? Why do you think commitment is important when getting involved with the Youth2Youth Program?

As a Youth2Youth member you will be required to:

attend mandatory weekly meetings on Tuesday nights from 7pm-9pm at 20 Donovan Lane, Shelton, CT

perform 10 hours of community service

sell 10 car wash tickets (or buy them yourself)

participate in fundraising activities that the group comes up with

participate in presentations to students and parents on the importance of making good decisions

inform and educate your peers, encouraging them to make good decisions

remain substance abuse free

As a Shelton Youth Service Bureau professional, I fully understand the trust and confidence that has been placed in my abilities and the ramifications of my actions upon those we serve. It is my responsibility to uphold the following recommended standards and practices set forth by my professional peers.

Whenever my role as an employee, intern, or volunteer comes into question, I will take the necessary steps to ensure that the integrity of the YSB, and the safety and well-being of our clients, will not be compromised.

Above else, I understand that my individual actions have a direct impact upon my department/organization and the youth serving professional in general.

At all times when representing this organization I will consider the legal, ethical, and professional boundaries that must be upheld in order to promote the health, safety, and well-being of those we serve in the name of youth development work everywhere.

I have read and acknowledge that Youth Service Bureaus shall adhere to 10-19M Sec. A of the Connecticut General Statutes and that Youth Service Bureaus may adhere to 10-19M Sec. B of the Connecticut General Statutes.

Name _____ Date _____
Signature _____
Parent's Signature _____
Date _____