

Teen Voices Against Violence Application

Dear Student,

We at the Tennessee Coalition Against Domestic and Sexual Violence (Coalition) believe that young people deserve to have their voices heard about issues that affect their lives. Our youth advisory board, Teen Voices Against Violence, was created for exactly that purpose. Their mission is "to inform, fix, and prevent domestic and sexual violence by having the conversation that teens don't want to have and by adding a youth perspective to the Coalition's mission."

This group is made up of guys and girls, ages 15 to 18. The group gets together to talk about issues that matter to young people, and they'll have a chance to tell school principals and other adults what young people want and need.

By doing things like in peer mentoring, raising community awareness about dating violence, and examining policy that affects teens, members of this group will make their voices heard. If you want to have a positive impact in your school and community by serving as one of our youth advisors, please fill out the attached application. If you are under 18, please be sure you get your parent or guardian to sign the waiver form that you'll find at the end of the application. You can send in completed forms by emailing them to ehall@tcadsv.org, faxing them to (615) 383-2967, or by mailing them to:

Tennessee Coalition Against Domestic and Sexual Violence
c/o Emily Hall
2 International Plaza Dr., Suite 425
Nashville, TN 37217

Each participant will be given a stipend for attending meetings. Also, some of the group's activities may lead to recognition that can be added to college applications.

Your opinions are really important, so let us know what's on your mind by becoming one of our youth advisors! If you have any questions, please email me or call me at: (615) 386-9406 or 1(800) 289-9018.

Thanks,

Emily Hall
Program Specialist

Teen Voices Against Violence Application

Basic Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Parent/Guardian Cell Phone: _____

Email: _____

County you live in: _____

School you attend: _____

Age: _____

Gender (*circle*): Male / Female / Self-Identify _____

Ethnicity/race (*please self-identify*): _____

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Parental or Legal Guardian Waiver

I, the undersigned, as the parent or legal guardian of the young person named in this application, give my full consent and approval for him or her to participate in Teen Voices Against Violence, the youth advisory board of the Tennessee Coalition Against Domestic and Sexual Violence, including meeting attendance, curriculum review, conference calls, surveys, and other related activities.

Child's name (print)

Parent/gaurdian's name (print)

Date

Signature

Phone Number

Relationship to Applicant

Email Address