Society for the Prevention of Teen Suicide
110 West Main Street, Freehold, NJ 07728
(732) 410-7900
Applications due by: June 30, 2021
youthcouncil@sptsusa.org
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. Since 2015, over 500 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:

- Monthly meetings;
- Fundraising events;
- Online social media campaigns;
- Youth Wellness Summit Planning Meetings; and,
- 2020 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 one letter of recommendation due by June 30, 2021. After your application has been received, you will be required to participate in one small group information session, July/August dates to be announced, with the Youth Council Manager. For more information, please contact the Woodbridge Township Youth Council Manager, Jeannine Grasso, at: jeannine@sptsusa.org 732-713-9728, or contact;

Society for the Prevention of Teen Suicide

110 West Main Street

Freehold, NJ 07728

(732) 410-7900  kyle@sptsusa.org
SPTS YOUTH COUNCIL APPLICATION CHECKLIST

☐ Application

☐ Questionnaire Responses

☐ Signed Student Consent

☐ Signed Parental Consent

☐ Letter of Recommendation (New Members – 1)

A Letter of Recommendation should be handed to your school’s contact person or sent directly to the Society for the Prevention of Teen Suicide at 110 West Main Street, Freehold, NJ 07728, Attn: Woodbridge Township Youth Council 2019-2020. They can also be emailed directly to kyle@sptsusa.org.

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

APPLICATION DEADLINE: June 30, 2021*

*All materials above must be in receipt of SPTS by the deadline in order to be considered for the 2021-2022 school year.
SPTS WOODBRIDGE YOUTH COUNCIL APPLICATION

APPLICANT INFORMATION
Applicant’s Name: _______________________________ Grade level as of Sept: __________ Age: __________
Address: _______________________________ City: __________ State: ______ Zip: ______
Home Phone: _______________________________ Cell: _______________________________
Summer Email Address: __________________________________________________________
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: _______________________________ Email: _______________________________
SAC (if applicable): _______________________________ 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/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 2021 through May 2022? [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 herebefore 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.

__________________________________________________________________________    __________
Parent/ Guardian Name (Please Print)                                     Date

__________________________________________________________________________    __________
Parent/Guardian Signature                                              Date