



PEER HELPER APPLICATION

Due to the Front Office on Tuesday, September 10, 2019 by 2:00PM

Student Name _____ Grade _____ Gender _____

Student Email Address _____

Home Address _____

Student Cell phone (if applicable) _____

Parent/Guardian Name _____ Parent/Guardian cell phone _____

Home Address (if different from student) _____

Parent/Guardian Email Address _____

****Both student and parent/guardian email is needed****

I would like to be added to Constant Contact so I can receive information about MYFS

Photo Release

Madison Youth and Family Services (MYFS) typically takes pictures and/or videos of events or programs that we run for the purpose of promoting the event or program on our website and/or social media, including the MYFS Facebook page and Instagram.

Before utilizing the recorded image (photograph/video) of a child participating in one of our events or programs, Madison Youth and Family Services requires parent/guardian permission. As your child may have or will participate in an MYFS event or program, please fill in your Child's Name in the spaces below and select **Yes** or **No**.

Child's Name: _____

___ **Yes**, I give Madison Youth and Family Services permission to photograph/video and use any images on their website and/or social media pages.

___ **No**, I do not give Madison Youth and Family Services permission to photograph/video and use any images on their website and/or social media pages.

Name of parent/guardian: _____

Parent Signature: _____ Date of signature: _____

Peer Helpers:

Mandatory Trainings:

- * **September 28th – 29th at Camp Hazen YMCA in Chester, CT** (we depart Polson at noon on Friday, 9/28 and return to MYFS at 10pm on Saturday, 9/29), AND
- * **Five after school trainings at Polson** until 4PM between October 1st -11th (exact dates to be announced).

Non-Mandatory Meetings:

- * After the trainings, *when their schedule permits*, Peer Helpers meets on Wednesdays after school until 4pm.

*** Please note, this application does not guarantee placement in the Peer Helpers program. Age and gender balancing as well as teacher feedback are used to determine training groups. SPACE IS LIMITED!! Contact is Peg Butler at butlerp@madisonct.org or (203) 245-5645.

To be completed by the Peer Helper Applicant:

Have you applied to PH before? ____ If so, when? _____

Why are you interested in becoming a Peer Helper?

What strengths of yours do you feel you can contribute to the Peer Helper program?

In Peer Helpers, we work to understand and break down stereotypes of students. How do others stereotype you? Are they correct or incorrect?

Is there anything you would like to add as we consider your application to the Peer Helper Program?

Thank you!