



## Peer Program Agreement and Permission to Participate Form

The **purpose** of the Peer Program is to provide adolescents with information on a variety of teen health concerns, including teen pregnancy, sexually transmitted infection, and teen dating violence prevention. Upon completion of training, Peers will serve as an education resource and referral agent on issues of comprehensive sex education and reproductive health to other young people, including HIV/AIDS awareness. The program **goal** is to increase teenagers' self-esteem and encourage family communication while offering rewarding work and volunteer experience within education. The program provides the tools necessary for an adolescent to be a successful and productive citizen in their community, as well as the tools to address issues relevant to their peers and other young people in their community.

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, a minor. I give my permission for my son/daughter/ward to fully participate in the PPOSBC Peer On-Campus or After-School Program. Additionally, I give my son/daughter/ward permission to provide volunteer services in the course of this program at his or her discretion.

I understand and agree to the following;

### **TRAINING**

The base structure of the program is ten to fifteen hours of initial training, which allows different fields of training/education to be introduced to participants that they may not normally encounter through their high school experience. Students will receive certification as a Peer Educator after completion of the training. Peers will then be capable of responding to questions from their peers about teen pregnancy prevention, birth control, sexually transmitted infections, smoking and drug prevention, as well as teen dating violence prevention. Peers are responsible for a 12 month (one academic school year) commitment after certification.

### **TRAVEL**

There will be no transportation provision to and from training and meeting days. Unless arranged by PPOSBC, transportation is solely my responsibility for my child/ward/ self to arrive at the designated location on time and will have a ride home. Notification of transportation provision will be provided for special events as necessary.

**PHOTO RELEASE**

I grant permission for my child/ward/ self to be included in any photo, voice, and/or video production and understand that any images or recordings used in the promotion or support of the Peer Program will become the sole rights of Planned Parenthood of Orange and San Bernardino Counties. I understand that participation is voluntarily and that there is no reimbursement for participation in any photo, voice, and/or video production.

**RULES OF CONDUCT**

All participants are to abide by and accept all rules set by PPOSBC staff. Any participant deemed to be in violation of behavior standards will be sent home at his or her own/their parent /guardian’s expense.

**COMMITMENT**

I understand that all participants must provide a twelve month commitment to the program. Upon completion of the ten – fifteen hour training, peers will receive a certificate of completion as a Peer Educator. Peers will also receive a certificate of participation after their twelve month commitment to the program. As a parent/ guardian, I understand that an adult representative or I must attend parent-participant events in support of my child/ ward.

I hereby release *PPOSBC* from any and all liability related to or arising out of my son/daughter/ward’s participation in this Program including but not limited to his or her travel to, attendance at the training sessions and provision of volunteer services.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Participant Name: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Address 2: \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

\_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_

\_\_\_\_\_  
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