

**GIRLS INCORPORATED OF LYNN TEEN PROGRAM
Part of the Solution PEER LEADERS APPLICATION**

50 High Street
Lynn, MA 01902

Please return to Patience or Andrea at Girls Inc. of Lynn when finished!

Applications due June 14th.

Before filling out the application, be aware of the following guidelines for Part of the Solution Peer Leaders:

- Duties to be completed each week (note: not including holidays and school breaks):
 - Weekly team meetings **Monday, Tuesday, and Wednesday afternoons from 4-6PM** (September 2017-June 2018) to plan events, LifeSkills curriculum for middle schoolers, monthly meetings and community service. These days also include trainings, team building activities, and guest speakers.
 - Work as a peer leader team on the annual H.A.L.T. event, which is an educational event for roughly 200 teens at LVTI each year, and other initiatives with the common goal of substance abuse prevention.
 - Fill out time sheets to keep track of hours, make up any hours you missed, and attend all necessary trainings throughout the year.
- Hand in report cards/ progress reports every quarter (School is a priority to us!)
- If all guidelines are followed, you will receive a **\$100** stipend per month/ \$100 per week in the summer for 6 weeks consisting of 10 hours a week from July 10th to August 18th (Mondays and Wednesdays 10-3:30).

**** IF you have already been a Part of the Solution peer leader, skip to the last page. Fill & return page 4.**

*****IF you have not been a Part of the Solution peer leader before, please complete the entire packet and return (1-3).**

Application Checklist:

- Application
- 1 Recommendation Letter

Date: _____

Person Completing this Form:

Name: _____
Gender: _____ Date of Birth: _____
Address: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Education Information:

Please check what high school you currently attend:

Lynn Vocational Technical H.S. _____

Lynn English H.S. _____

Lynn Classical H.S. _____

Other _____

Grade: _____

How are you doing in school? (Check one)

- (A) Average
- (B) Average
- (C) Average
- (D) Average
- (F) Average

What are your favorite subjects in school? Please list two: _____

Are you involved or do you plan to join any school activities/clubs after school? If so, which ones? PLEASE LIST DAYS AND TIMES IN THIS SECTION

Why are you interested in applying for a Peer Leadership position with the Part of the Solution program?

Have you ever had a paid or volunteer job?

What is one thing that you're done that you are proud of?

Please list three adjectives that best describe you:

_____, _____, _____

How did you hear about Part of the Solution? Please be specific.

- Friend _____
- Online _____
- Teacher _____
- Career Fair/Event @ school _____
- Other _____

Have you been involved with any other Girls Inc. programs, trainings, or other community activities?

Check which of the following already know about:

- There are over 8,000 flavors of tobacco
- 92% of teens in MA don't smoke
- In 2012 36% of Lynn teens had drank alcohol in the last 30-days and 64% had drank alcohol at least once over the course of their lifetime
- Learning life skills or "the ability to cope with stresses and challenges of daily life, especially communication and literacy, decision making. . . problem solving, time management, and planning" can reduce the number of risky behaviors one takes, include substance use.

Which of the following do you find most interesting and why?

Please ask someone (other than family) i.e. teachers, mentor, guidance counselors, former employers, etc. for **ONE RECCOMENDATION FORM & have them complete the form at the back of this packet on page 5**

EMERGENCY INFORMATION

1) Name: _____

Address: _____

Phone: _____

Relationship to you: _____

2) Name: _____

Address: _____

Phone: _____

Relationship to you: _____

Feel free to attach a resume if applicable.
Thank you for applying to Part of the Solution Peer Leaders!

2017-2018 Part of the Solution Reference Form

Name: _____

Name of student for whom this reference is for: _____

Relationship to student: _____

Phone: _____

Email: _____

Ratings: Compared to other students to whom you know, how do you rate this student on the following:

	N/A	Below Average	Average	Good (Above Average)	Excellent	Outstanding	One of the top few
Leadership							
Motivation							
Integrity							
Reaction to Setbacks							
Concern for others							
Self-Confidence							
Academic Achievement							
Initiative/Independence							
Flexibility							
Overall							

Additional comments:

Signature

Date