



2018/2019 TEEN ADVISORY BOARD APPLICATION

Please fill out all areas and questions completely. Incomplete applications will not be considered.

Applicant's Information

Teen Name:		Birth Date:
School:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____		Apt # _____
City: _____		Zip Code _____
Teen's E-mail:	Teen's Phone #:	
Please circle or highlight the preferred method of communication:		
Phone Call	Text Message	E-mail
Parent/Guardian's Name:	Parent/Guardian's Phone #:	
	Parent/Guardian's Email:	

- ☆ Members of the Alamo Area Teen Suicide Prevention Coalition (AATSPC) Teen Advisory Board (TAB) are required to meet monthly. Are you able to meet on the first Thursday of each month from 6:00 – 8:00 PM? Yes No

- ☆ Community awareness activities are a very important regular part of being on the AATSPC Teen Advisory Board. Are you able to participate at awareness events? (these events could be on the weekend day or night; or weekday evenings in addition to the regular monthly meeting) Yes No

- ☆ Being able to talk about suicide is a very important aspect of being a member of the AATSPC Teen Advisory Board leadership team. Do you feel comfortable talking about suicide and other mental health issues such as depression to other teens and to adults? Yes No

- ☆ Do you have access to reliable transportation to and from week-day meetings and weekend events? Yes No

- ☆ If you are not selected for the AATSPC Teen Advisory Board, would you be interested in being a part of other AATSPC campaigns or projects? Yes No

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**Please provide one adult (not a family member) who can serve as a reference for you
(Ex: Teacher, Coach, Pastor, Supervisor, Club/Organizational Leader):**

Name: _____ Phone Number: _____

Email: _____ Title/Organization: _____

The Alamo Area Teen Suicide Prevention Coalition promotes suicide prevention and related education.

1. Why do you want to join the AATSPC Teen Advisory Board?

2. What do you think are some ways to prevent teen suicide?

3. What qualities and skills would you bring to the Teen Advisory Board?

4. Please list any extra-curricular activities you are involved in, including employment.

Please complete and return this application **by e-mail** to aatspc@gmail.com Interviews will be scheduled as soon as possible.
Questions? E-mail (preferred) Terri Mabrito at aatspc@gmail.com or call (210)-734-3349