



Application- Teen Board

Applications Due: January 31, 2020

Please return completed application to deeproootspssp@gmail.com or turn in a physical copy to
704 N. Tejon St. Colorado Springs, CO.

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: () _____ - _____ Other Phone: () _____ - _____

Email Address: _____

Best method and time to reach you: _____

Emergency contact person name: _____

Relationship: _____

Primary Phone: () _____ - _____ Other Phone: () _____ - _____

Which school do you attend? _____

Current Grade: _____ Age: _____

Applicant Information:

1. We are seeking a diverse group of teens. Please tell us about any activities you are involved in school and outside of school.

2. Do you have any medical conditions that may affect your ability to function as youth board member volunteer, or do you require any special accommodations that we should be aware of? Yes:_____ No:_____

If yes, please describe:

Interest in the youth board for suicide prevention:

1. How did you learn about the youth board?

2. The mission of the teen board is to provide adolescent perspective to shape suicide prevention programs and policies implemented by PPSP and community resources. What background and/or experiences do you believe you have that could bring a broader perspective to the teen board?
