The SPTS Youth Council is open to high school students in Monmouth and Ocean County, who are interested in learning more about mental health and wellness, stress management, resiliency, and how to help peers in need. Since 2015, over 400 high school students have participated in the Youth Council.

Students will participate in monthly meetings that focus on the components of the Wellness Wheel – emotional, intellectual, physical, social, environmental, financial, and spiritual wellness. Students will also learn about their role in suicide prevention, the importance of going to a trusted adult when they need help, and local and national resources.

If you are interested in joining the SPTS Youth Council, please complete the following member form, and mail the form to the SPTS office at 110 West Main Street, Freehold NJ 07728, or scan the form to youthcouncil@sptsusa.org. You can also complete the form online at www.sptsusa.org/youthcouncil. All students who submit a form are accepted into the Youth Council. After you submit your form, the Youth Council manager will contact you to provide more information on our first meeting. If you have any questions, please contact your county Youth Council Manager at youthcouncil@sptsusa.org.
2020-2021 SPTS Youth Council Member Form

**Member Information**

Name:_____________________________ Grade level as of Sept: ________ Age: __________

Address: __________________________ City: _______________ State: ______ Zip: ______

Home Phone: _________________________ Cell: ____________________________

Email: ______________________________

Do you have a driver's license? [Yes/No] Would you be driving yourself to meetings? [Yes/No]

Will you be receiving a driver's license this year? [Yes/No] If so, when?________________________

**Parent/Guardian Information**

Parent/Guardian’s Name: ________________________________

Address: __________________________ City: _______________ State: ______ Zip: ______

Phone: _____________________ Cell: _______________ Email: ____________________________

Parent/Guardian’s Name: ________________________________

Address: __________________________ City: _______________ State: ______ Zip: ______

Phone: _____________________ Cell: _______________ Email: ____________________________

**School Information**

School: ________________________________

Address: __________________________ City: _______________ State: ______ Zip: ______

Guidance Counselor: _____________________ Email: ____________________________

SAC (if applicable): _____________________ Email: ____________________________

Phone: _____________________________ School Website (if any): ____________________________
Reference Letter (New Members Only)

All new SPTS Youth Council members must have one reference letter submitted on their behalf. The reference letter can be submitted through the SPTS website at www.sptsusa.org/youthcouncil. Letters can also be mailed to the SPTS office at 110 West Main Street, Freehold NJ 07728, or emailed to youthcouncil@sptsusa.org. The reference letter must be submitted by an adult reference that is not related to you, but can speak about your personal, academic, or professional achievements.

Reference Name: ____________________________________________________________________

Reference Email: ____________________________________________________________________

Reference Phone Number: ____________________________________________________________________

Youth Council Applicant’s Name: __________________________________________________________

Which Youth Council are you recommending a student for? _______ Monmouth _______ Ocean

Years Known Applicant: ________________________________________________________________

Relationship to Applicant: ________________________________________________________________

Why are you recommending this applicant to the SPTS Youth Council?
Youth Council Member Questionnaire

You may provide responses to these questions on a separate sheet of paper if more space is needed.

1. Please describe any hobbies, interests, or extracurricular activities that you participate in.
   _______________________________________________________________________________________
   __________________________________________
   __________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

2. Have you been directly impacted by suicide?
   _______________________________________________________________________________________
   __________________________________________
   __________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

3. Why would you like to be a member of the SPTS Youth Council?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

4. Can you commit to being a member of the 2020-2021 SPTS Youth Council?  [Yes/No]

5. Describe a trusted adult who is important to you. What makes them a trusted adult to you?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

6. How did you hear about this opportunity?
   _____Youth Wellness Summit  _____Guidance Counselor  _____Teacher  _____Current Council Member
   _____ Other (Please explain): ___________________________________________________________
SPTS Youth Council Consent Form

Student Consent

I, _______________________, agree to participating in the SPTS Youth Council by listening, offering my opinion, respecting the opinions of others, maintaining the confidence of others, and attending council meetings. I understand that my active participation, as much as my schedule will allow, is a necessary component of the ability of the Youth Council to succeed. I promise to uphold the values and mission of the Society for the Prevention of Teen Suicide in my actions as a Youth Council member.

_______________________________  ______
Student Signature               Date

PARENTAL CONSENT

I, the undersigned Parent/Legal Guardian of _______________________, (hereinafter referred to as the “Member”), hereby consent to and give my permission for the following:

1. That the Member has my consent and permission to participate as a member of the SPTS Youth Council.

2. That the Member has my consent and permission to participate in all Youth Council activities, which may also include activities held at other locations.

3. On behalf of the Member and myself, I acknowledge that the Member will be participating at his/her own risk and I, on his/her and my own behalf, hereby release, discharge and indemnify the Society for the Prevention of Teen Suicide Inc. and its subsidiaries from all liability for injury to person or damage to property of myself and the Member arising out of participation in, and transportation associated with, Youth Council and its activities.

4. In permitting the Member to participate, I am specifically granting permission to the Society for the Prevention of Teen Suicide and the Youth Council to use the likeness, voice and words of the Member in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Youth Council and appealing for funds to support such activities.

5. In the event of an accident or illness during Youth Council activities, I understand that reasonable effort will be made to contact the parent/guardian (listed in this application) immediately. However, I am aware that if the injury or illness appears serious and the parent/guardian cannot be reached, the adult in charge will secure emergency medical care as needed.

6. I understand that the content of the Youth Council meetings will include information and strategies pertaining to suicide and prevention, and will empower youth with tools to promote awareness initiatives in their schools and local communities.
7. I also understand that it is my responsibility to provide for or arrange for transportation to all council meetings.

By signing below, you affirm that you have read and agree to the expectations and guidelines of the Society for the Prevention of Teen Suicide's Youth Council.

__________________________________________________________________________  
Parent/ Guardian Name (Please Print)  

__________________________________________________________________________  
Parent/Guardian Signature  

Date