



Family Resource Center
Abuse Prevention and Counseling

2011-2012 TEEN ADVISORY BOARD (TAB) APPLICATION

Dear Teen:

The Family Resource Center invites Kershaw County teens in 7th through 12th grades or ages 13-19 years of age to apply for a volunteer position on the Teen Advisory Board (TAB).

The Teen Advisory Board (TAB) is a volunteer board of the Family Resource Center. TAB members will provide volunteer support; participate in activity planning and promotion, teen empowerment, and teen pregnancy prevention programming. This board will help the FRC to meet the needs and interests of the teen population within the Kershaw County community while working to end teen pregnancy and promote teen health.

Under close supervision, volunteers in the TAB will offer suggestions and provide valuable input about teen interests, issues, and activities / program planning. This will make the teen pregnancy prevention programs of FRC more “teen-friendly.”

There are many benefits to being a part of the TAB, some of which include: meeting and interacting with other teens, developing leadership and team working skills, feeling a sense of accomplishment by serving the community, and obtaining recognition to use on high school and college applications. In addition, volunteer TAB participants work hours may be applied towards the high school community service requirement. This is a volunteer position; Teen Advisory Board members will not receive a stipend or any monetary compensation.

Participants are expected to attend monthly meetings as well as teen programs or events. This is a one-year commitment.

Applications are due Wednesday, October 26th by 5:00 P.M. You may submit your application at FRC or online at www.frccounseling.com. After your submission you will be contacted within 7 business days with an appointment date and time.

For more information, please call the Family Resource Center at (803) 425-4357.

Sincerely,

Rosalyn Moses
Executive Director



TEEN ADVISORY BOARD Position Description

Position

Teen Advisory Board (TAB) Member

Description

The advisory team will assist FRC meet the needs and interests of the teen population in the Kershaw County community. The Teen Advisory Board (TAB) is a volunteer board of the Family Resource Center. TAB members will provide volunteer support; participate in activity planning and promotion of teen violence and pregnancy prevention programming. This board will help FRC to meet the needs and interests of the teen population within the Kershaw County.

TAB members will help to create and execute diverse programs. TAB members will devote their time to make teen pregnancy and violence prevention programs possible at the Family Resource Center and throughout Kershaw County.

Duties

1. Review “Teen Link” web pages and suggest improvements and content
2. Write book, movie, and music reviews
3. Offer advice and assist in marketing teen programs and services to teens in the community
4. Assist in planning and implementing teen programs and services
5. Other duties as assigned
6. Good writing and communication skills

Qualifications

1. Kershaw County resident
2. Grades 7 to 12 (Ages 13-19)
3. Have current email address that is checked at least twice a week
4. Basic knowledge of locating information on the Web
5. Enthusiastic about providing ideas for teen programming/services
6. Willingness to participate on a creative team
7. Have a great attitude and respect for others

Commitment

1. One year – 2011 - 2012
2. Attend and participate in teen programs and events.
3. Participate in scheduled TAB meetings
4. Contribute by writing reviews, making recommendations and planning teen services and programs
5. Respond promptly to TAB email/phone communication



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VOLUNTEER APPLICATION

FAMILY RESOURCE CENTER TEEN ADVISORY BOARD

PLEASE PRINT OR TYPE

Name _____

Home Phone _____ Cell _____

Street Address _____ Apt. _____

City _____ Zip Code _____

School _____ Grade _____ Age _____

Email address _____

Parent Name _____

Parent Name _____

Questions

What are your hobbies and interests?

Please list sports and other extracurricular activities you are involved in on a regular basis.

Do you have any leadership experience, or have you ever been a part of a board, committee, or club? Explain.

What teen programs have you attended / been involved in?

What kind of teen programs would you like to see in Kershaw County?

What do you know of that Kershaw County offers for teens?

What issues / concerns do you feel teens are most affected by?

Do you have any special skills or talents, such as artistic ability, graphic design, etc.?

How do you think your skills could best be utilized by FRC?

Why would you like to be a part of the Teen Advisory Board?

References – You must submit 2 references (no family members)

Name- _____ Title- _____

Phone- _____

Address- _____

City- _____ State- _____ Zip _____

Relationship to you - _____ How long you've known _____

Name- _____ Title- _____

Phone- _____

Address- _____

City- _____ State- _____ Zip _____

Relationship to you - _____ How long you've known _____

Certificate of Applicant:

All answers and statements in this application are true and complete to the best of my knowledge. I understand that any untruthful or misleading answers are cause for rejection of my application or of my disqualification from the Teen Advisory Board.

Applicant Signature _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____



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TEEN ADVISORY BOARD MEDICAL FORM

Participant Name _____

Home Phone _____ Cell Phone _____

Address _____ City _____

Zip _____ Grade _____ Age _____ School _____

Please note any medical conditions or allergies we should be aware of for your son/daughter's safety:

Emergency Contact Information

Parent / Guardian's Name _____

Parent / Guardian's Name _____

Work Phone _____ Cell Phone _____

Other Contact's Name _____ Phone _____

Parent's Signature _____ Date _____



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AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I (We)), the undersigned, parents of _____, do hereby authorize the Family Resource Center as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed and practicing in South Carolina.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his judgment may deem advisable.

By signing this authorization I/we agree to indemnify and hold harmless the Family Resource Center and all of its officers, employees, agents and volunteers from any and all liabilities for injury to persons and/or damage to property arising out of any act or omission in connection with this authorization for consent.

This authorization shall remain effective for one year until ---- , 2012, unless sooner revoked in writing to the Family Resource Center

Dated

Father

Mother

Legal Guardian

I hereby permit the photos/videos taken to be used on the Family Resource Center Web site and any other relevant Family Resource Center materials for the purposes of education, communication, and/or promotion of the Family Resource Center.

I have read and understand the consent form and agree to its terms knowingly and voluntarily.