



# Social Justice Activism • Teen Leadership Ending Dating Abuse

## **SAEDA (Student Activists Ending Dating Abuse) TRAINING** A project of the Center for Safety & Change

**Dates: February 18<sup>th</sup>-21<sup>st</sup>**

Designed for Rockland County 9<sup>th</sup> –12<sup>th</sup> Grade Students

### **APPLICANT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

High School: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

What is the best way to contact you?  Cell  Email

How did you hear about this program? \_\_\_\_\_

Were you referred by a SAEDA student?  Yes  No

Did a Center for Safety & Change educator come to your school or class?  Yes  No

Would you want to be contacted for future events/opportunities?  Yes  No

**OPTIONAL:** How do you self-identify?

Sex/Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION (PLEASE LIST TWO)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Caregivers, would you like to be contacted for future events? (You can opt out anytime)  Yes  No

#### **TRAINING DATES & TIMES**

Dates : February 18th- 21st  
4 days : 9 :00AM-4 :00PM  
\*100% attendance Required\*

#### **TRAINING LOCATION :**

Palisades Mall Community Rooms (By Ice Rink)  
1000 Palisades Center Drive West Nyack, NY 10994

**PLEASE TELL US ABOUT YOURSELF**

On a separate piece of paper, please type or print clearly your response to the following questions. Please limit your total response to fewer than 250 words.

Tell us a little about yourself...

- What are your hobbies and interests?
- Are you involved with any other clubs or organizations?
- What makes you want to be a part of the SAEDA program?
- Are you interested in staying involved in SAEDA throughout the year?
- In your own words, how do you define non-violence?
- In your own words, how do you define social justice activism?

**ADDITIONAL NEEDS**

Those who have additional needs or need assistance, such as wheelchair accessibility, will be accommodated to the best of our ability. Please apply early to ensure that your needs are met.

Additional Needs  
(Please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies  
(Please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Requirements  
(Please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

I, \_\_\_\_\_, understand that the SAEDA program requires my commitment to attend the 4-day training in its entirety. If accepted to the program, I will attend all 4 days, arrive on time, and stay until 4 PM dismissal, which will allow me to receive a \$50 stipend. I will also be responsible for arranging reliable transportation to and from the site (Palisades Center Mall, 1000 Palisades Center Drive, West Nyack, NY) for all four days of training.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION MUST BE RECEIVED BY:**

**January 18<sup>th</sup>, 2019**

**\*Incomplete applications will not be considered\***

**NOTIFICATION PROCESS:**

Applicants will be notified of their acceptance through mail

\*Please note that spaces are limited.

**MAIL or FAX TO:**

SAEDA  
Center for Safety & Change  
9 Johnsons Lane  
New City, NY 10956  
Fax: (845) 634-3396

**QUESTIONS? CONTACT:**

Laura Plotkin  
Director of Training & Education  
Phone: 845-634-3344  
Email: lplotkin@centersc.org