



Social Justice Activism • Teen Leadership Ending Dating Abuse

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

Dates: August 20th- 23rd

Designed for Rockland County 9th -12th Grade Students

APPLICANT INFORMATION

Name: _____ Age: _____ Current Grade: _____

High School: _____ Expected Graduation Year: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Email address: _____

What is the best way to contact you? Home 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: _____

City _____ State: _____ Zip Code: _____

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 : August 21 - 24 2017

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:

July 20th, 2018

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