The application Deadline is January 26, 2012

Yurok Tribal Members Grades 8-12th

YUROK TRIBE
190 Klamath Boulevard PO Box 1027 Klamath, CA 95548
Phone: (707) 482-1350, Ex 347; Fax: (707) 482-1368

Yurok Youth and OVW Program Peer Trainer Application 2012

The Yurok Youth Prevention Program in collaboration with the Office on Violence against Women Program (OVW) announces an Peer trainer program open to Junior High and High School students grades 8-12th. The Yurok Youth Prevention and OVW program is intended to provide students the opportunity to develop skills and knowledge through a hands-on experience benefiting both the Tribal government and the student. The Yurok Youth Prevention/OVW program will be selecting 15 Yurok Students to complete 40 hours of Peer training.

Yurok Youth Peer Trainer Program Goals:

- Positive safe and healthy activities for Yurok Youth
- Create Peer Trainers
- Raise Awareness about Meth, Tobacco, Alcohol and Teen Dating Violence
- Community Service
- Create Community Leaders

The Yurok Youth/OVW Peer Trainer Program is an incentive based program. Peer trainers will be paid at a rate of $10.00 per hour in increments based on completion of training and presentations. This program will also add valuable skills to student’s resumes, career development and develop leadership skills. This program will also provide an opportunity for students to become mentors to fellow peers and make a difference in their communities!

Gift Card Incentives Include:
Bayshore Mall American Express
Wal-Mart VISA
Target VISA
January 26th: Student Applications are due from qualified applicants.
February 2nd: Student Selection, if selected you will be notified by February 2nd, 2011
February 11th & 12th: Introduction Meeting, Peer Training Begins
February 25th & 26th: Peer Training continued
March 15-17th: Peer Trainer’s Presentation at CCAIE

To Apply: Complete the attached application and postmark by January 26th, 2012 to:
Yurok Tribe Youth Prevention Program, PO Box 1027 Klamath, CA 95548, Fax: (707) 482-1368
Yurok Youth Program Peer Trainer Application 2012

Name: ________________________________________________________________

Address: _________________________________________________________________________________

Phone Number: ________________________ Email: _____________________________________________

High School/Junior High attending: ______________________________ Grade: ________________

Yurok Tribal #: _________________________________

Do you have a physical condition that might limit your ability to perform the job for which you are applying? If yes, how can we accommodate your needs?

___________________________________________________________________________________________

Have you ever assisted in Community Service activities? YES_____ NO_______

If yes Please Explain;

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Have you ever participated in Peer Training or Leadership activities? YES_____ NO_______

If yes Please Explain;

___________________________________________________________________________________________

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___________________________________________________________________________________________

What work/volunteer/academic experiences do you have? Please check all that apply.

Public Speaking ______ Creating Poster Boards ______ Creating Games ______

Researching ______ Leading Games ______ Yurok Cultural Values ______

Please provide a one page essay of interest with your application stating how you would benefit from this Peer training program. Please include your ideas about the need for education on Meth, Tobacco, Alcohol and Teen Dating Violence in your community. Please also include your comments about the effects of Meth, Tobacco, Alcohol and Teen Dating Violence within our community.

____________________________________  _____________
Signature                                                         Date