



FOR OFFICE USE ONLY

GPA: _____ ATT: _____
A _____ B _____ R _____ W _____
Rec'd _____



POSTPONING SEXUAL INVOLVEMENT **2009-2010 - 20th Anniversary TEEN LEADER APPLICATION**

I GENERAL INFORMATION:

NAME: _____ SSN: _____ - _____ - _____
ADDRESS: _____
Street Apt. # City State Zip
HOME PHONE: () _____ - _____ CELL: () _____ - _____ OTHER _____: () _____ - _____
PARENT'S NAME(S): _____
PARENT'S ADDRESS(ES): _____
CURRENT GRADE LEVEL (circle one): 9th 10th 11th 12th DATE OF BIRTH: (month/day/year): ____/____/____
HAVE YOU EVER HAD A WORK PERMIT? _____ HIGH SCHOOL: _____

II CLUBS, JOBS, GROUPS, ORGANIZED ACTIVITIES:

Attach a list various things you have done which show that you can fulfill responsibilities. Follow the format below:
EXPERIENCE DATES of INVOLVEMENT ADVISOR/SUPERVISOR TEL. # OF SUPERVISOR

III REFERENCE LETTER: Attached a signed letter of reference from an adult who can attest to your leadership qualities.

IV TRAINING: Will you attend 20 hours of PSI training in mid-August, 2009?
YES _____ NO _____

V GRADES: Attach a copy of your most recent report card. Your most recent quarter grades must all be "C" or higher.

VI PERSONAL STATEMENT: Attach a statement that describes why you want to be a PSI Teen Leader, and evidence of your reliability to follow through with your commitments.

VII THE INTERVIEW: A PSI Adult Leader will call you to arrange a 20-minute interview if you meet the pre-requisites.

VIII SIGNATURE OF PARENT/GUARDIAN: PSI has my permission to review my child's academic records the past year.

_____, _____
Parent/Guardian Signature Date

IX DUE DATE: May 25, 2009 Return to:
Christopher Kraus, JD, MTS, Adolescent Advocacy Manager
PSI Program, Division of Adolescent Medicine, MLC 4000
Cincinnati Children's Hospital Medical Center
3333 Burnet Ave.
Cincinnati, OH 45229

(513) 636-7615, 803-0334 (fax), email: christopher.kraus@cchmc.org or www.cincinnatichildrens.org/psi