

# YOU

have the power  
to make a difference in  
our community...

to create positive change.

## TEENS TAKING ACTION

gives you the opportunity.

In communities across the country, young people are joining together to address serious social problems and community concerns.

Providing youth with the opportunity to make a difference, through leadership opportunities in schools and service in communities, is the goal of *Teens Taking Action*.

**When:** 2005-2006 School Year

**Who:** 10 youth will be selected from Central Yavapai County. You must be a High School Sophomore, Junior or Senior. Teens Taking Action is being coordinated by The Teenage Pregnancy Prevention Program (TAPP), a program of Catholic Social Service, with funding provided by the Arizona Department of Health Services.

**Time Commitment:** Two mandatory training sessions are required. The group will decide upon the time and place. It will most likely be one Saturday and one evening session. Once projects have been decided, monthly meetings will be held. Project completion works around your school and activity schedule. The program concludes in May 2005 during Teen Pregnancy Prevention Month.

**Service Project Focus Areas:** Teen Pregnancy, Abstinence, HIV/AIDS, Sexually Transmitted Diseases, Homelessness, Depression & Suicide, Drug and Alcohol Abuse & Child Abuse

**Rewards:** Fun, New Friends, Leadership Development, Community Service Opportunities, and a \$500 stipend



Let's **DO**  
Something...Together

*Teens Taking Action  
Application*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

School \_\_\_\_\_

Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Why do you want to be in Teens Taking Action?

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

What ideas or skills could you bring to the program?

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

Why should youth be involved in the community?

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

Please provide the names and phone numbers of two people that know you well.

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



Please return completed application to:

TAPP

434 W. Gurley Street

Prescott, AZ 86301

Attn: Diane R. DeLong

**\*\*If you need more space for your answers, you can attach another page.**