

Thanks for your interest in the KISS LGBTQ Peer Ed program at Family Tree Clinic!

This summer, we will be training a group of 8-10 teens (aged 14-18) interested in learning about LGBTQ sexual health and becoming peer educators. One of them could be you! KISS will give you an excellent opportunity to meet some new people, learn a lot about a variety of topics, and get tips on how to be an educator to friends and your community. You will have a chance to earn some money as well as be provided materials (like free condoms) for your outreach! We will provide bus tokens to help you get here and home again if you don't have a ride and there will be free lunch too. At the last meeting, we will wrap up with a party to celebrate our successes!

Starting on June 19<sup>th</sup> and going until August 7<sup>th</sup>, meetings will be held twice a week on Mondays from 12pm-4pm and Wednesdays from 12pm-3pm. At each meeting we will focus on a different topic related to sexual health and LGBTQ issues. Topics will include: how to be a peer educator, STIs, reproductive justice, birth control, intersectionality, making safer choices, healthy relationships, pregnancy and birth, sexual violence, pleasure, and more! The more meetings you attend the more money you can earn! Additionally, you can gain leadership skills and will be able to count this as work experience on your resume.

So, if this all sounds good to you, we have attached an application and contract form for you and a guardian to sign. Also, please feel free to pass this information along to your friends or anyone else you feel would be interested. The more the merrier! If you have any questions, you can contact Katie Robinson at <a href="mailto:krobinson@familytreeclinic.org">krobinson@familytreeclinic.org</a>

We are really looking forward to meeting you!

Thanks, Katie Robinson and Allegra Wyatt Community Educators





| Application Name:             |                     |                             |                   | Gender Pronouns (examples: she/her, they/them, he/him, ze/zim): |        |        |                          |  |  |
|-------------------------------|---------------------|-----------------------------|-------------------|---|--------|--------|--------------------------|--|--|
| Email:                        |                     |                             |                   |   | ·      |        |                          |  |  |
| Phone:                        |                     |                             | Age (circle one): |   |        |        |                          |  |  |
| How would you                 | prefer we cont      | act you?                    | 14                | 15  | 16     | 17     | 18                       |  |  |
| ☐ Email                       | Text                | Phone Call                  |                   |   |        |        |                          |  |  |
| Where did you l               | hear about this $ $ | orogram?                    |                   |   |        |        |                          |  |  |
| Have you had ar<br>from whom? | ny previous sex     | education? If so, what topi | ics wer           | e disc  | cussed | , how  | old were you, and where/ |  |  |
| Why are you int               | •                   | g the Peer Sex Ed Progra    | m? (Ar            | nswers  | s shou | ld ran | ge from a paragraph to a |  |  |

Please submit this paper application or fill out our online application at http://bit.ly/kissftc by May 17<sup>th</sup>, 2019.

## **Peer Educator Contract\***

Please return this form to Family Tree Clinic by June 24<sup>th</sup>, 2019.

| <b>,</b>  | , hereby agree to | serve as a Fa | mily Tr | ee Cl | linic peer | r |
|-----------|-------------------|---------------|---------|-------|------------|---|
| educator. |                   | *             |         |       | -          |   |

As a peer educator, I will complete the 16 session comprehensive training program. I understand that I may miss sessions, but I will not be paid for educations done on the topics I missed. Sessions will be held **Mondays from 12pm-4pm and Wednesdays from 12pm-3pm**, beginning on **June 19**<sup>th</sup> and ending with a party on **August 7**<sup>th</sup>, with one final follow up meeting in the fall.

I will complete at least 15 educations and up to 30 educations for pay. An education counts as 10 minutes or more spent educating a person on a topic I have been trained on by Family Tree Clinic. I can educate people individually or in small groups, with the potential for digital and print education opportunities as well. Informal conversations I have with friends can count as an education and I can be paid for that.

I will keep records on all the educations I complete. At the end of the training program, I will turn these records in and be paid for my work. The rate of pay will depend on my attendance in the comprehensive training program. I can earn up to \$165 in this manner.

|   | Meeting Missed | Rate of Pay per Education |
|---|----------------|---------------------------|
| 4 | 0              | \$5.50                    |
|   | I-2            | \$5.00                    |
|   | 3-4            | \$4.00                    |
|   | 5 or more      | \$3.00                    |

I understand that if I educate more than 30 individuals, these additional educations will not be paid. However, the educator that completes the greatest total number of educations will win a bonus prize of \$50!

I understand that I will be paid by cash or check.

I understand that all contact forms must be turned in by October 31, 2019 in order to be processed for payment.

I understand that as a peer educator for Family Tree Clinic, I am a representative of the clinic and I will conduct myself in an appropriate manner when acting as an educator. **Photo Release** Pictures may be taken during the course of this program. Is it okay for us to use photos of you in our newsletter/website? You can always choose not to be photographed if you wish. \_\_\_\_ Yes, you can use pictures of me. No, I would rather not be in pictures. **Driving Permission** Parents/guardians, do you give the program leaders permission to drive students to any relevant events (i.e. to a restaurant for the end of program party)? Yes, you may drive my child. No, I will make other arrangements for their transportation. Peer Educator Printed Date Peer Educator Signature Date Guardian Permission\* Signature Date

Date

\*If a Guardian signature is not possible, please let us know.

Thank you, and please contact me if you have questions. Sincerely, Katie Robinson Community Educator 651.272.3553

krobinson@familytreeclinic.org

Guardian Permission\* Signature