

**The Power Of Youth: Suicide Prevention Training Event**  
**Frontline Worker Application Form**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Job Title: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Why do you want to be attend the training event?

7. Are you willing to support the development of youth in your own community to tackle suicide prevention? Why or why not?

8. What are your strengths when it comes to working with youth?

**9. What challenges do you foresee as you work with youth to build suicide safer communities?**

**10. Are you willing to facilitate groups and/or make presentations in and/or outside of your community?**

**YES**

**NO**

**11. Tell us why or why not it is important to learn about your traditions and culture?**

**12. I am willing to make a commitment to mentor the youth attending this training event when I return to our community?**

**YES**

**NO**

**13. Are you prepared to attend and participate in all workshops at the training event?**

**YES**

**NO**

**14. What do you know about youth engagement? Share briefly below:**

**15. Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If you have any questions, please contact Linda Cairns  
1-866-765-5305 or 306-765-5305; [lcairns@paqc.sk.ca](mailto:lcairns@paqc.sk.ca)**