

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

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

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

\_\_\_\_\_

3. Birth date: \_\_\_\_\_

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

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

6. Why do you want to be part of this training event?

7. What do you know about youth suicide?

8. Do you consider yourself a leader? Why or why not?

9. What are your strengths?

**10. What challenges you?**

**11. Rate yourself in the following areas:**

<b>a. Self Esteem</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>b. Coping Skills</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>c. Problem Solving Skills</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>d. Goal Setting</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>e. Communication Skills</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>f. Commitment</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

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

**YES**

**NO**

**13. What do you like to do in your spare time? Hobbies? Talents?**

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

**15. Do you have problems with drugs or use alcohol?**

**16. Give the name of two references we can contact to learn more about you. Be sure to include address and contact numbers for these people.**

**17. I am willing to make a commitment to follow the code of conduct and participate in all workshops at the youth training event from start to finish.**

**YES**

**NO**

**18. In preparation for the training event, think of what is needed in your community to make life for youth better, different or more than it is today. Think about what is needed in your community to make it safer from suicide. List your ideas briefly below.**

**19. Signature: \_\_\_\_\_**

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

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