



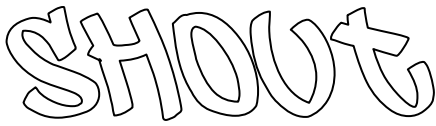
MEMBERSHIP

MISSION:

Student Health OUTreach of Lancaster County (SHOUT) is invested teens and adults working together to reduce teen pregnancy in Lancaster County by providing information, advocacy and comprehensive education for youth on wellness and healthy relationships.

GOALS:

1. To encourage and support the increase of quality prevention services.
2. To educate the community about the need to use a wide variety of strategies to promote positive health.
3. To secure recognition by community leaders of the need to allocate resources to promote positive health.
4. To advocate for:
 - comprehensive sexuality education using abstinence-based strategies
 - to prevent teen pregnancy and sexually transmitted infections
 - drug and alcohol abuse prevention among school-aged youth
 - healthy parent/child, peer and dating relationships for youth



Student Health OUTreach of Lancaster County
2100 Harrisburg Pike • Lancaster, PA 17604 • 717.544.3203
www.teenpregnancyprevention.org

STUDENT PERMISSION FORM

Name of Student _____

Name of Parent/Guardian(s) _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Parent/Guardian Work Phone _____

Email Address _____ Cell Phone _____ Pager _____

To be completed by parent/guardian

I give permission for my child to participate with the Student Health Outreach of Lancaster County including the following:

_____ permission to participate in all general meetings and recreational activities

_____ permission to participate in field trips

_____ permission to be transported by adult members and volunteers of SHOUT

_____ permission to have name/photos used on the SHOUT website, SHOUT publications and media

_____ permission for adult members and volunteers to administer emergency first aid and to obtain medical assistance when parent is unable to be contacted and/or when immediate assistance is necessary in life-threatening situations and to avoid permanent injury.

Physician Name _____ Phone number _____

Preferred Hospital _____

Known Allergies and medical conditions _____

Emergency Contact _____ Phone number _____

I understand the mission and goals of the Student Health Outreach of Lancaster County. I understand that membership in the group is determined by the Board of Directors and that no individual is guaranteed membership status. I also understand that student board members are expected to fulfill leadership and committee work hours in lieu of dues, as set by the membership.

Parent/Guardian Signature _____

Date _____



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APPLICATION FOR MEMBERSHIP

Name _____

Agency or School _____

Agency or School Address _____

City _____ State _____ Zip _____ Phone _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

Cell Phone _____ Pager _____

I am applying (check one): _____ as an agency representative
_____ as a student representative
_____ as an adult community representative

I am applying (check one): _____ to be a board member (dues and voting rights)
_____ to be an associate member (no dues or voting)

I want to be a member of the Student Health Outreach of Lancaster County because:

My position on the mission and goals of the Student Health Outreach of Lancaster County is:

I am interested in serving with SHOUT in the following ways (check all that apply):

_____ public relations _____ peer education and outreach

_____ newsletter _____ fundraising

_____ speaker's bureau _____ conference planning

_____ increasing membership _____ research

_____ meeting with local politicians & community leaders

_____ other _____

I support the mission and goals of the Student Health Outreach of Lancaster County. I understand that the Board of Directors determines membership by vote, and that no individual or agency will be guaranteed membership. I understand that the Board of Directors may impose, from time to time, membership fees, as set by the membership, from which to conduct business.

(For student members) I have received parent or guardian permission to be a member of SHOUT and my permission form is attached.

Signature

Date

Revised 11/03