



TOGETHER FOR RESILIENT YOUTH 2019-2020 School Year Application

#Strong Body - Health
#Strong Mind - Learning
#Strong Emotions – Self Control
#Strong Spirit – Hope

Learn more about TRY together4resilientyouth.org

- Share the Monthly TIP (provided) with at least 10 peers each month **October 2019 – June 2020**
- Take pictures with your team
- Create PSAs
- Social Media
- Interview peers and adults
- Teams may operate at school or in the community or in a group that you are already a part of
- **Must sign the pledge <http://www.durhamtry.org/LIFT-YOUTH-PLEDGE>**

Hourly wage: \$10.00/hour

Schedule:

3 hours per **MONTH**/Leadership meeting once/month virtual.

2 face to face meetings (2 hours) during the year.

Attend and participate in the TRY Annual Conference and dinner on April 17, 2020.

Potential visit to CADCA International Conferences February 3, 2020 Gaylord National Harbor, Maryland and/or July 26, 2020 Gaylord Hotel Nashville, Tennessee. All expenses paid.

Skills & Qualifications

- Required:
Knowledge and use of Facebook, Twitter, Instagram and other social media
- Attention to detail and ability to solve problems quickly and responsibly
- Excellent research skills (using the Internet, talking to people, reading reports)
- Excellent communications skills in both writing and speaking
- Good leadership skills among peers

Email to wanda.durhamtry@gmail.com by August 31, 2019 by 5:00 pm. Decisions by September 15, 2019



Have you participated in LIFT before? Yes ___ No ___

YOUR NAME: _____

STREET: _____

CITY: _____ STATE: _____ . ZIP _____

E-MAIL: _____

PHONE: _____

BIRTHDATE: _____ AGE: _____ SCHOOL: _____

I understand all of the requirements, fees and attendance requirements

SIGNATURE: _____ DATE: ___ / ___ / ___

Recommendations – Relatives may not respond

Recommendation 1

YOUR NAME: _____

STREET: _____

CITY: _____ STATE: _____ . ZIP _____

E-MAIL: _____

PHONE: _____

Recommendation 2

YOUR NAME: _____

STREET: _____

CITY: _____ STATE: _____ . ZIP _____

E-MAIL: _____

PHONE: _____

PARENT OR GUARDIAN NAME: _____

STREET: _____

CITY: _____ STATE: _____ . ZIP _____

E-MAIL: _____

PHONE: _____

I understand that as the parent/guardian I will participate as a volunteer and ensure my child's attendance at required meetings. I will attend the TRY Annual Conference on April 10, 2020. The cost is \$10/child and \$20/adult

PRINT NAME: _____

SIGNATURE: _____ DATE: ___ / ___ / ___