

ATTENTION TEENAGER!

IF YOU ANSWER **YES** TO ANY QUESTION BELOW...

You will find some answers in the Teen Outreach Program of Sierra County.

- 1 . Do you wish for a change in your life, but feel change is impossible?
- 2 . Are you burnt out and dream of never having to go back to school?
- 3 . Do you wonder if life is at a dead-end?
- 4 . Do you skip classes and still get no relief from boredom?
- 5 . Are you wondering if the hassle of school is worth anything?
- 6 . Do you want to take control of your life and begin living?
- 7 . School's fine, but not relevant to any part of your life?
- 8 . Everyone in my life says the same stuff and yet nothing makes a difference in my life.
- 9 . No one understands me.
- 10 . No one listens to what I want to do with my life.
- 11 . I feel like running away, sleeping all day or ending my life because nothing really matters anymore.

SHARE NEW IDEAS!! LEARN DIFFERENTLY!! BE HERE!!



Truth or Consequences Youth Center & Skatezone

REGISTER NOW !!!

TEEN OUTREACH PROGRAM

**TEENS □ COMMUNITY □
SERVICE LEARNING Z
EMPOWERMENT**

Step Forward Now to make a



Difference Inside & Out!

We're proving that given the correct supports, teens have the power to tap their talents and build a productive foundation for lifetime achievement, even when they are in economically disadvantaged circumstances.

HOW TO JOIN THE **T. O. P.** PROGRAM OF SIERRA COUNTY

1. You will be in the 7th or 8th grade this year.
2. Talk to your parents or guardians about the information in this brochure.
3. Fill out the interest questionnaire in this brochure.
4. Parents & guardians fill out the permission form in this brochure.
5. Come to our “Open Invitation” meeting with your parents!
6. Contact Wendy @ 740-3680.

Sierra County T.O.P. program members currently meet @ The Skate Zone. Every Tuesday & Thursday afternoon 3:30pm til 5pm.

See the Map on the Back of this Brochure!

*Dedicated to our Community through
Service and Learning!*

Attention Parents & Guardians!

NEW MEXICO DEPT. OF HEALTH & SIERRA COUNTY HEALTH COUNCIL

Among youth development nonprofit organizations, we are bridging the gap between theory and practice with creative programs designed to implement the latest and most effective youth research..

Young people don't have any control over the environment in which they're born. It is important that community organizations to help them develop a positive self-image, learn valuable life skills and establish goals to become healthy adults.

Our program is currently limited to a maximum of 20 participants.

TOP is a youth development approach that combines classroom/group learning with service learning to promote positive adolescent development. In this program, young people engage in activities that foster personal development, discover and develop new skills, and explore career options as they take on roles of responsibility and leadership in our community.

We have scheduled an informal meeting for parents and youth participants on (date/time). The meeting will take place at (location). At the meeting you will be able to learn more about the program and meet program staff and representative of organizations supporting this program.

If you are familiar with TOP & give your consent for your child's participation, please complete the Parent/Guardian Permission

Form below & return it to Wendy Sager-Evanson @ Sierra County Health Council Office, 360 W. 4th St. ste 116, TorC, NM 87901 (575) 740-3680

TOP CONSENT FORM

Child's Name _____
Parent's Name: _____
Address: _____
Phone#: _____
Emergency Contact Name & Phone if parent/guardian cannot be reached: _____

Please Circle Yes or No for the following:

I want my child to participate in the TOP (Teen Outreach Program) Yes NO

My child will be picked up by 5:30pm @ The Skate Zone Youth Center by the parent/guardian or the following adults:

I am willing to participate in one parent & child celebration event a month.

Tuesday Evenings Yes No
Thursday Evenings Yes No

I give permission for my child to ride the bus from school to The Skate Zone Youth center on Daniel's Street or walk with TOP staff from the school to the Youth Center on Daniel's Street, Tuesday & Thursday afternoons. I give the school permission to provide my child's medical history to TOP staff for safety purposes. Yes No

Parent/Guardian Signature

_____ **Date:** _____