



Livingston Youth and Community Services

PO Box 822, Livingston NJ 07039 Tel: 973-535-2646 Fax: 973-992-9318 Email: lycs@livingston.org

Dear Parents/Guardian of Peer to Peer Student:

Your child has expressed an interest in joining Peer to Peer. I would like to take this opportunity to tell you about some exciting changes that we are incorporating into our program. Firstly, Peer to Peer is moving to Active Membership. This means that instead of the old format of student-led lecture/presentations for each meeting, the program now incorporates debates, student-led presentations, discussion, social activities and community service opportunities. We are encouraging students to be more active in their community and will be instituting an annual Teen Conference in May as part of Peer to Peer's give-back to the community during Youth Appreciation Week.

We are transitioning the program into pro-active, teen-led activities which will raise the profile of Peer to Peer in the community and spot-light their dedication to being ATOD-free (Alcohol, Tobacco and Other Drugs). We are aiming to disillusion the general populace that all teens drink, smoke and do drugs through positive role-modeling and highlighting healthy alternatives. Peer to Peer students learn valuable life lessons and further develop their leadership skills. Some activities that students are involved in includes Rejuvenation, weekend Camp retreat, Cross-Age Trainings for younger students, community service and social activities.

History

Peer to Peer is one element within a larger program that falls under the Livingston Youth & Community Services (LYCS) Drug Prevention and Leadership Organization. LYCS provides educational and social programming for Grades 3-12 with the goal of creating a positive impact on youth in Livingston through its after-school programs. The organization has been in existence for 18 years and was initiated with the collaboration of the Livingston Township Council, Livingston Board of Education, the Livingston Municipal Alliance Committee and a large Parent group. The organization is supervised by the Mental Health Association of Essex County, Montclair, NJ and is funded by the Livingston Township Council and the Livingston Municipal Alliance Committee.

Please review the Peer to Peer Leadership information enclosed which details the requirements and expectations of the program. We understand that students may be overwhelmed with school and other activities, which is why we will be starting a two-tier membership program for the 2009-2010 school year. General membership is for students who are ATOD-free but have commitments to sports, Scouts and other leadership organizations. Active Membership is for students who's main club activity is Peer to Peer. The primary goals of the program is to help students stay ATOD-free, develop leadership skills and to positively contribute to their community.

For your student's experience in Peer to Peer to be a success we need your support. Please contact us if there are any questions or if we can be of help in any way,

Sincerely

Susan Ridley, MS, CPRP, REAT
Assistant Director, LYCS
973-992-9318, lycs@livingston.org

Returning Member Application: 2009-2010 School Year

Please Print Neatly

Student Name: _____

Student Cell: _____

Address: _____

Student Email: _____

Birth Date: _____

Homeroom and Teacher: _____

Grade: _____

Parent/Guardian First Names: _____

Home #: _____

Parent/Guardian Email: _____ **(If parent wants email notification of Program Info)**

Peer to Peer is a special group of teens in Livingston High School who lead a ATOD- free lifestyle. A Peer to Peer member reaches out to fellow students to help them deal with adolescent issues. Peers should possess good communication skills and feel comfortable speaking before a group. Peer to Peer members must be committed to fulfilling the goals and needs of themselves as well as the group.

The goals of Peer to Peer are:

- (1) To promote and maintain in ATOD-free lifestyle (Alcohol/Tobacco/Other Drugs)
- (2) To give students an opportunity to make a positive contribution to their school and their community by engaging in service to others.
- (3) To provide personal growth experiences and opportunities for social bonding
- (4) To provide assistance to programs which support the Peer Leadership mission

There is a \$50 dues requirement for Peer to Peer to help offset the cost of activities, food, trainings and supplies. If there is a special situation which needs a scholarship, please contact Susan Ridley at 973-535-2646. There are scholarships available.

Parents/Guardian must sign below to show that they understand and agree with the philosophy, goals and guidelines and will support their students in meeting the responsibilities of the club.

Parent/Guardian Signature

Date

Student Signature

Date

Complete Both Sides

Returning Member Contract

Peer to Peer Leadership Requirements

I. ATOD-Free lifestyle (Alcohol, Tobacco and Other Drug)

Peer to Peer members are expected to completely abstain from all uses of Alcohol (except for religious purposes), Tobacco, and other Drugs and to lead a healthy life style as a role model.

II. General Membership

Students attend as many programs and activities that they are able to attend while maintaining a ATOD-free lifestyle. This membership is for students who are Peer Leaders but have commitments to sports, Boy/Girl Scouts, Religious Organizations, and other Peer Leadership programs.

III. Attendance: Active Membership Commitment

- a There will be initial one day organizational training at the beginning of the school year (Sept) for all Peer to Peer members at Monmouth Court Community Center, Livingston, NJ. This training is to assign Peer responsibilities, vote in Peer Coordinators, and decide topics/activities/community services for the year.
- b Rejuvenation is a January, one day training to prepare for the Peer to Peer Teen Conference in May. Activities include training on how to present, creativity, and to choose topics for presentations.
- c Camp Bernie is a weekend retreat in March/April which will provide opportunities for bonding, and critique of presentations.
- d Peer to Peer Teen Conference is an opportunity for members to give-back to their community during Youth Appreciation Week and will be open to family/friends, community leaders, and Students in Grades 7&8.
- e Attend at least 50% of all general meetings and activities.

IV. Meetings

Meetings will be held once a month from 5:30-7:00pm at LHS. Days of meetings will vary to accommodate Students commitments to other programs.

V. Conduct

All members are expected to be positive role models in all aspects of their lives. They shall maintain a high standard of character as demonstrated by their behavior. One example would be a Peer to Peer member choosing not to wear clothing that conveys affiliation with alcohol, tobacco or other drugs.

VI. Parental/Guardian Support

In order to make Peer to Peer a success, we need the support from parents/guardians as well. Family member support and agreement with the philosophy, goals and guidelines of Peer to Peer will optimize the student's benefit from their involvement and participation in the club. You will be asked to review and sign your child's registration agreement, acknowledging approval of his/her desire to join.

I, _____
Student Signature

Date

Agree to abide by the philosophy, goals, and requirements of Peer to Peer. I will am committed to maintaining a ATOD-free lifestyle and to becoming a positive role-model in my community.

Parent/Guardian Signature

Date

Returning Member Questionnaire

Please answer the following questions. We are not looking for length; we hope these few questions will allow us to know you as well as possible. Remember to be honest; we are looking for a wide range of people, so don't try to fit an assumed mold. Use a separate piece of paper (if needed). WRITE NEATLY

(1) If you could live any time, any place, where and when would it be and why? _____

(2) How would you define success? _____

(3) List the extra-curricular activities you will be involved with next year. Prioritize the list from highest to lowest and, for each activity, include an estimate (educated guess) on the number of hours they will require of your time.

(4) What is your best quality? What would you improve about yourself? _____

(5) What charities/community service are you most passionate about, and why? _____

(6) How would you encourage other teens to be ATOD-free? _____

NOTE: Make a copy of your member application, contract and questionnaire for your record and submit original to: LYCS, P.O. Box 822, Livingston, NJ 07039

or leave in LYCS Mail Box at the High School Main Office (near TV)

Questions can be answered by
Ms. Susan Ridley 973-535-2646, email: lycs@livingston.org