L.I.F.T Leadership Intensive For Teens

LIFT is a program that is a 2-week summer intensive to prepare teens in 10th, 11th and 12th grades to become a bridge between their peers and community resources. They will learn strong and positive leadership skills, conflict management techniques, philanthropy opportunities, decision making procedures and healthy living skills. After the course has ended, LIFT participants are encouraged to come to the LIFT meetings each month from August to May – date is to be determined.

LIFT Vision Statement

Prepare 10th, 11th and 12th graders to become valuable, strong leaders and knowledgeable resources for their peers.

LIFT Mission Statement

Peer Helper is a program that is a 2-week summer intensive training program to prepare teens in 10th, 11th and 12th grades to learn strong and positive leadership skills, conflict management techniques, philanthropy opportunities and mind sets, decision making procedures and healthy living skills.

LIFT Goals

At Peer Helpers we have three main goals we aim to teach our youth leaders of today.

- 1.) Increase knowledge of diversity and differences among their peers.
- 2.) Increase knowledge of community resources.
- 3.) Develop a plan for a community service project.
- 4.) Be able to work as a team and build positive team interaction.

Schedule

LIFT will be hosted one time per year during the first two weeks of August. The participants will be there from 9am to 5pm. There will be a lunch and snack breaks. Participants are encouraged to wear appropriate footwear as there will be team building exercises to participate in each day. Each day will have its own theme or skill which will be paired with coordinating lessons to teach LIFT participants the skills they need to be successful. LIFT requires that each parent sign a permission slip regarding outdoor activities, media releases, and allowing the teen to be informed about various crisis situations and how to help their peers get connected to appropriate and helpful resources.

LIFT: Leadership Intensive For Teens

Registration and Media Release Form

We are so excited to have your teen be a part of our LIFT program. This program will be Mondays from 12pm to 4pm from June 21st to July 26th at the Oaks Family Care Center. This program will cover a wide variety of topics that will assist your teen in develop positive leadership skills that will aid in bridging the gap between teens and adults. Your teen is going to be introduced to a wide variety of topics that are going to reinforce skills such as genuineness, confidence, compassion, understanding, and resilience. Below is our parent permission and media release forms for your teen to participate in our program. If you have any questions, reach out to one of our LIFT staff or counselors by calling 330-220-7777 or emailing the office at ofccbrunsiwck@gmail.com.

Name:			Age:	_ Birthday:	
	First	Last			
Address:					
	Street		City	State	Zip Code
Preferred Phone Number:			Email:		
Circ	le: Home C	ell Work			
In case of ar	n emergency:				
Name:			Phone Num	ber:	
Relationship	to the Peer Lead	ler:			

Initial the following to verify teen's participation in Peer Helpers:

(_____) I acknowledge that my teen will be participating in team building exercises that will incorporate physical activity such as running and exercising. I agree that my teen will wear shoes appropriate for physical activity.

(_____) I acknowledge that Oaks Family Care Center will not be held responsible for any major injuries, should they occur during physical activities.

(_____) I acknowledge that Oaks Family Care Center (OFCC) of Brunswick will be taking photos throughout Peer Helpers. I agree that the OFCC office can use the images gathered that may include my teen for the professional website, facility presentations, and on social media platforms.

(____) I give my permission for my teen to participate in the activities listed in the program that promote compassion, understanding, positive peer relationships, confidence, core values, leadership, conflict resolution, community service, and good decision making.

(_____) I give my permission for my teen to participate in discussions about substances and alcohol, abuse and neglect, rape crisis, and other crisis topics. My teen will learn how to assist their peers who experience these events, by connecting them to community members and/or resources that can provide safe and appropriate care and help.

(_____) I agree that my teen can participate in projects that will give back to this community.

Parent Signature:	Date:
Youth Signature:	Date:
Counselor/Staff Signature:	Date: