



SUICIDE PREVENTION TRAINING OPPORTUNITY

We are so excited that you are interested in this amazing opportunity to train your fellow BHS cougars in how they can help prevent suicide! With the help of [Forefront Suicide Prevention](#) at the University of Washington, our school is working on addressing youth suicide by using a comprehensive approach. This means bringing youth to the table and inviting students such as yourself to help be part of the solution. For the first time, BHS will be offering this training in Health classes during the 2021-2022 school year.

To assist our school in the selection of peer educators for the Forefront Suicide Prevention LEARN® Training program, please answer each question below. We'd like to get to know a little more about you as part of the student selection process. Please know that you may also be invited to an in-person meeting with either Mrs. Carson or Mrs. Eckle to go over some of your answers. Please feel free to ask us any questions.

APPLICATION

Full Name:

Email Address:

Cell Number:

Grade:

Date:

1. What experience do you have leading groups of youth/peers? Your main role will be as a classroom presenter - how comfortable are you with public speaking?

2. Name any extracurricular activities you currently participate in. What skills/attributes would you bring to this opportunity? *Note: Please plan ahead and arrange your schedule before taking on this commitment. Final applicants will be selected on their ability to attend all training and practice sessions.*

3. Yes, I am available for the following training and practice dates listed below.

Date: Thursday, December 9th
Periods: 1 and 3

Date: Monday, December 13th
Periods: 1 and 2

****Classroom presentations will take place on Wednesday, January 12th and Thursday, January 13th ****



4. Please tell us why mental health awareness and suicide prevention are relevant and/or important to you.

5. Please describe how your life experiences and/or passion around the topics of suicide, mental health, substance abuse or other behavioral health related topics have influenced your decision to apply as a peer educator.

8. What kinds of support, practices, or strategies do you know of or use to manage your own well-being?

9. Are there any other reasons you would like to be part of this peer training opportunity? Please be as specific as possible.



- You can submit your application in person to Mrs. Carson or Mrs. Eckle in the counseling center or email it to Leckle@nsd.org
- You must have the parent permission portion below completed in order to submit your application
- DUE DATE: Wednesday, November 29th by 3:30 PM

PARENT PERMISSION REQUIRED

Our school has been working on building a comprehensive model for suicide prevention. One element of this model is to provide on-going training to students in recognizing warning signs, responding to someone who may be in crisis, referring to adults who can help and knowing resources.

This letter is to inform you about an opportunity for your student to be trained as a peer educator using Forefront Suicide Prevention LEARN® Training. Developed by [Forefront Suicide Prevention](#), this training is focused on reducing suicide by empowering individuals and communities to take actions that can create systemic change and restore hope. Forefront has been guiding our school and many others in the use of best practice strategies, protocols and prevention planning.

Our student training will take place on 1/12/22 and 1/13/22. Your child will need permission to take part in this activity as it will involve in school training and missing class.

If you consent to allow your child to be trained as a peer educator, please sign below. If you have any questions or concerns, please connect with Lisa Carson or Lindsay Eckle in the counseling center.

Thank You,

STUDENT NAME:

Date:

PARENT/CARETAKER NAME: _____

Parent/Caretaker Signature: _____