



Teen CONTACT Board 2006 Application

The Teen CONTACT Board strives to better the schools and communities within the Dallas area by increasing awareness of problems experienced by teens in both the schools and communities, by providing information about community resources and services, by establishing and strengthening collaborative networks in the community, and through service to other teens.

Name: _____

Address: _____ City/Zip Code: _____

Phone Number (Home): _____ Phone Number
(Cell): _____

E-mail
Address: _____

Please print email legibly.

School: _____

Grade classification: _____ Gender: M / F

**Please be able to provide references upon request*

1. How did you hear about TEEN CONTACT?

2. Why do you want to become a member of the Teen CONTACT Board?

3. What are some ways that you would like to contribute to the board?

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4. What other activities are you involved in (i.e. school, volunteer, church, etc.):

5. Are you available at least once a month for meetings and as needed for committee projects and special events? **Yes /**

No _____

6. Do you have transportation to attend monthly meetings? **Yes / No**

7. (a) Are you willing to work as a liaison for TEEN CONTACT in your school?

This involves talking with and promoting our program and services to counselors, educators, and administrators in your school: **Yes/ No**

7. (b) Explain:

8. How did you hear about the Teen CONTACT Board?

Please read the attached information about the TEEN CONTACT Teen Board and make any additional comments here:

Contact Us: Missy Wall, MSW, Director of TEEN CONTACT
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Website: www.teencontact.org