



a fun & free program for high school students

SOCIAL JUSTICE ACTIVISM | TEEN LEADERSHIP | ENDING DATING ABUSE

APPLICATIONS ARE DUE MONDAY, FEBRUARY 13, 2023 at noon!

SECTION I: GENERAL INFORMATION

Name: Date of Birth:

Grade: School: Gender:

Pronouns: she/her/hers he/him/his they/them/theirs other:

Home Address:
street city state zip

Email Address:

Please list any dietary restrictions or food allergies you have:

Please list any other accommodations you may need:

Wellspring is able to provide transportation to students who are interested in and able to attend all four days of the SAEDA training. The transportation would be a pre-arranged cab ordered through Saratoga Taxi. Parental/guardian consent will be required. If you are in need of transportation assistance, please call (518) 583-0280 and ask to speak with Megan Rabbitt or email programming@wellspringcares.org for more information and for the parental/guardian release.



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SECTION II: TELL US ABOUT YOURSELF

Write as much or as little as you like. You may attach additional sheets.

Why do you want to be a part of Student Activists Ending Dating Abuse (SAEDA)?

What are your hobbies or interests?

How do you define social justice activism?

SECTION III: EMERGENCY CONTACT INFORMATION

Please list the following information for an emergency contact:

Name:

Home Address:

street *city* *state* *zip*

Email Address:

Phone Number:

Relationship:

If you would like to include an additional emergency contact, please fill out the following:

Name:

Home Address:

street *city* *state* *zip*

Email Address:

Phone Number:

Relationship:

SECTION IV: AGREEMENT

I, _____, understand that the SAEDA program requires my commitment to attend the 4-day training in its entirety. If accepted to the program, I will attend all 4 days, arrive on time, and stay until 5 PM dismissal, which will allow me to receive a \$40 stipend. I will also be responsible for arranging reliable transportation to and from the site for all four days of training (said transportation may be a cab provided by Wellspring).

Signature of Applicant:

Date: