

Health Initiatives for Youth

YOUTH WORKSHOP/PROVIDER TRAINING REQUEST FORM

Please print CLEARLY and complete this form as much as possible



DATE OF REQUEST: ____ / ____ / ____

ORGANIZATION: _____

CONTACT PERSON: _____ TITLE: _____

PHONE: _____ ALTERNATE PHONE: _____

FAX: _____ EMAIL: _____

ADDRESS: _____ ROOM#: _____

CITY: _____ STATE: _____ ZIP: _____

Workshop or Training Request Information

1st Choice: Date Requested: ____ / ____ / ____ Start time: ____ AM PM End Time: ____ AM PM

2nd Choice: Date Requested: ____ / ____ / ____ Start time: ____ AM PM End Time: ____ AM PM

3rd Choice: Date Requested: ____ / ____ / ____ Start time: ____ AM PM End Time: ____ AM PM

ADDRESS OF WORKSHOP/TRAINING (If different from above): _____

- Anti-Homophobia Workshop
- Anti-Oppression Workshop
- Body Image Workshop
- Doctors, Clinics, & Testing Workshop
- HIV/AIDS Workshop
- Self-Esteem Workshop
- Substance Use & Harm Reduction Workshop
- Training of Trainers (TOT)
- Health & Youth Development Training
- Positive Sexuality Training
- Substance Use and Youth Training
- Working with Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Questioning (LGBTQIQ) Youth Training
- Bullying Workshop
- Comprehensive Sexual & Reproductive Health Workshops (Be Real, Be Ready)
 - Puberty, Anatomy & Physiology
 - Menstruation & Pregnancy
 - Birth Control
 - STI & Safer Sex

*all topics can be tailored to meet your specific needs. Please be clear when describing your needs below. For more information on the content of the workshops, go to www.hi4youth.org

Total number of participants _____ Age range _____ Are participants peer educators? Yes No

Briefly describe your group (anything you think would be useful for us to know):