

GLBT Youth Support Project Application for on-site training

Training sites will be selected based on the following criteria:

1. Your agency must bring together 12-25 participants representing community-based agency staff in a variety of positions;
2. Your agency can accommodate the training on-site or at a nearby location;
3. Your agency can commit to one full day for a training session; additional trainings are under development and will be listed here as soon as they are available
4. Your agency participates in the technical assistance process

First name:

Last name:

Title:

School/Agency/Coalition Name:

Address:

City:

State:

Zip:

Phone: ext.

Fax:

Email:

Team members attending the training:

Senior Administration

Social Workers

Program Staff

Case Managers

Direct Service Staff

Teachers

Clinical Staff

Guidance Staff

Administrative/Support Staff

Other _____

Previous training: Has your school, agency, or coalition participated in a training focused on Gay, Lesbian, Bisexual and Transgender (GLBT) youth in the past?

Yes: (approximate date)

No

Does your agency or coalition have policies for non-discrimination on the basis of sexual orientation and gender identity/gender expression?

Yes:

No

Does your school, agency, or coalition have a gay/straight alliance or other group to support GLBT youth?

How many youth ages 12-18 are served annually through your school, agency, or coalition?

The GLBT Youth Support Project

A program of Health Care of Southeastern Massachusetts, Inc.

942 West Chestnut St., Brockton, MA 02301

1-800-530-2770 Fax: 508-583-2611

www.hcsm.org/glys glys@hcsm.org

Types of services your agency or school provides: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Medical/Health Care | <input type="checkbox"/> Residential Programs (shelter, treatment) |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Educational/Vocational |
| <input type="checkbox"/> Prevention-related (e.g. Peer Leadership) | <input type="checkbox"/> Recreational |
| <input type="checkbox"/> Substance Abuse Programs | <input type="checkbox"/> Other : |

Specific populations your agency or coalition reaches out to: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Racial and ethnic communities (specify) : | <input type="checkbox"/> Linguistic minorities : |
| <input type="checkbox"/> Pregnant and parenting teens | <input type="checkbox"/> Youth involved with the criminal justice system |
| <input type="checkbox"/> Gay, lesbian, bisexual, or transgender youth | <input type="checkbox"/> Youth with disabilities |
| <input type="checkbox"/> Substance-abusing youth | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Homeless Youth | |

What outcome would you hope for as a result of this training?

I understand that if we are selected to participate in the Gay and Lesbian Youth Support Project Training we will agree to:

1. Participate in a needs assessment meeting 2-6 weeks prior to the training;
2. Host a training on-site or at a nearby location prior to June 30, 2008;
3. Recruit 12-25 participants from your school, agency, or coalition to attend the training;
4. Participate in the follow-up and technical assistance process;
5. Develop goals to create safety and support for GLBT youth.

I accept:

Signature

Training preferred (check all that apply):

- "That's So Gay" - Addressing and Preventing Anti-Gay Bullying in Youth-Centered Environments** (90 minutes-2 hours)
- GLBT Youth 101: Risk & Resiliency** (3 hours)
- GLBT Youth 202: Skills for Supporting GLBT Youth** (3 hours)*
- Supporting Families of GLBT youth** (3 hours)*
- Supporting Transgender Youth** (3 hours)*
- Supporting GLBT Youth** (1 full day)
- Creating Safety for GLBT Youth** (2 full days)

**GLBT Youth 101 is a pre-requisite for this training*

Mail or Fax to:

The GLBT Youth Support Project/HCSM, Inc.
942 West Chestnut Street, Brockton, MA 02301
Fax: (508) 583-2611

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