

Journey to Safety

The Domestic Abuse Program of Jewish Family & Children's Service

TeenSafe Participant Application

Applicant Name:

First: _____ Last: _____

Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

Home phone number: _____ Cell phone number: _____

Email: _____ Birthday: _____

School: _____ Current Grade: _____

Parent/Guardian 1:

First: _____ Last: _____

Cell phone number: _____ Email: _____

Parent/Guardian 2:

First: _____ Last: _____

Cell phone number: _____ Email: _____

1. How did you hear about Journey to Safety's TeenSafe initiative?

2. Why do you want to be involved in Journey to Safety's TeenSafe initiative?



3. What do you feel are your personal strengths that will help you contribute to the group?

4. What else are you involved in, outside of school? (i.e. extracurricular activities, hobbies)

5. What previous experience, if any, do you have that lends itself to the TeenSafe initiative?

6. What are the elements that go into a healthy relationship?

7. Is there anything else you would like us to know?

Please contact Elizabeth Schön Vainer at eschonvainer@jfcsboston.org with any questions.

Please press "print" to print and mail the application. Applications can be mailed to: Elizabeth Schön Vainer, TeenSafe Initiative, Jewish Family & Children's Service, 1430 Main Street, Waltham, MA 02451.



Jewish Family & Children's Service is the leading provider of comprehensive human services, delivering personalized and integrated care that improves people's lives.

Headquarters | 1430 Main Street | Waltham, MA 02451 | 781-647-JFCS (5327)

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