



**SOURCES**  
**OF STRENGTH**

**Student Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Why are you interested in participating in the Sources of Strength program?

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For more information, contact Leah Bulka at  
[lbulka@howardcountymd.gov](mailto:lbulka@howardcountymd.gov) at 410-313-6240

## Parent/Guardian Permission Form

### Introduction and Purpose

We would like to invite your child to participate in *Sources of Strength*. Should you allow your child to participate, they will attend a 3-hour peer leader training along with other students from their community. Your child will learn about strengths that help youth and young adults through tough times, how they can help others as a peer leader and how they and other peer leaders can effectively get messages to other students that encourage them to connect and seek help when going through emotionally hard times. We are requesting parent/guardian permission for your child to participate.

The *Sources of Strength* program is a widely used national best-practice program. More than 10,000 youth leaders from across the U.S. and Canada have participated. This form describes what you may expect if your child participates. Please read this form carefully and ask any questions you may have before deciding.

### What will my child be asked to do?

- They will be invited to attend a 3-hour training and to participate in a community project to send out positive peer-to-peer messages about sources of strength and how to locate trusted adults in order to help students who are struggling. They will be part of a peer leader team supported by trained adult advisors from the school and community, the team will try to make a positive impact toward other peers. Additionally, your child may be asked to complete a brief survey to help evaluate the effectiveness of these prevention efforts, this survey is 100% confidential and optional.

### What is *Sources of Strength*?

- *Sources of Strength* is a training program that brings peer leaders together in partnership with caring adults. The program uses a fun-filled style of active learning to encourage open discussion about the very real problems that youth face and about the sources of strength that are often helpful for those problems. It also lets students experience different ways of coping with problems that they themselves may have. For youth that are in distress and may be considering ending their lives by suicide, this program provides concrete steps about how this person can receive help and support from trusted adults and peer leaders. The program will be led by a certified trainer and adult leaders from the Howard County Health Department and community partners.

### **Possible Risks and Discomforts**

We will be dealing with the issue of suicide, bullying, and substance use during this training. Most students find the training very upbeat, positive and quite different than expected. This is not designed as a therapy group, nor a time of sharing traumatic stories. However, if discussing issues faced by many young people should upset them or if a student needs support during the training, trained adults are available to assist.

### **Benefits of Participation**

Your child will learn about challenges facing youth and sources of support that can help. They may also learn about the importance and benefits of seeking help from trusted adults. Ultimately, *Sources of Strength* is wellness program designed to help youth identify and strengthen protective factors in their lives and leverage their voice to help create positive change in their community.

### **Confidentiality of Records**

Your privacy is very important to us. We will remind all participants that any personal stories shared should remain with the group and any information obtained on evaluation surveys is confidential. The results of any group evaluation of the effectiveness of *Sources of Strength* may be presented at meetings or in future publications. Neither your child's name, nor any identifying information about them, will be used.

### **Who should I call if I have questions?**

You can talk to Leah Bulka, adult advisor for Howard County *Sources of Strength*, at 410-313-6240 or [lbulka@howardcountymd.gov](mailto:lbulka@howardcountymd.gov). You can also view program information on [sourcesofstrength.org](http://sourcesofstrength.org) if you have further questions.

### **Voluntary Participation**

Taking part in this program is completely voluntary. You can withdraw at any time for any reason. If you wish to participate, please complete this page and return it to your designated contact.

A part of the *Sources of Strength* program involves peer leaders using their own pictures, videos, and voices to create Hope, Help, Strength posters, audio messages, video, and internet-based messages of strength (texts, Twitter, Facebook, web sites, etc.) to impact and positively change social norms and behaviors. This local faces and voices approach, is a powerful part of impacting your child's school or community peer culture. By signing this agreement, it allows your local *Sources of Strength* project to use photos, video, audio and written comments of



your child promoting school or community messages of strength. It also gives *Sources of Strength* permission to use selected pictures, videos, posters, audio, and messages of your child, or created by your child, in training or promotion worldwide. Local students are extremely creative about how they spread Hope, Help, and Strength messages and we need your permission to share their creations with other groups around the country in order to promote the best, most effective and safe messaging examples.

**Parental/Guardian Permission for Child**

I have read (or had read to me) the contents of this permission form and been given the opportunity to ask questions and receive answers. I give my permission for my child to participate in the *Sources of Strength* peer leader prevention project.

If you would like your child to participate in *Sources of Strength*, but do **not** want their picture, video, or voice used please initial here. \_\_\_\_\_

For permission to participate in *Sources of Strength*, please sign below.

\_\_\_\_\_ Child’s Name (Please print)

\_\_\_\_\_ Parent/Guardian’s Name (Please print)

\_\_\_\_\_ Parent/Guardian’s Signature

\_\_\_\_\_ Date