

PAYAM Teen Advisory Council - Application Form

Penn Adolescent and Young Adult Medicine (PAYAM) is a unique medical practice that focuses solely on the needs of young people ages 12 to 29. This specialized practice provides consultative and primary care in a comprehensive manner with a full understanding of the physical and psychological changes associated with transition to adulthood. PAYAM has represented the Philadelphia region in International Adolescent Health Week activities.

Who Should Apply? Philadelphia metropolitan area students ages 13 to 18 years, interested in STEM (science, technology, engineering or math), health, education or communications.

Your Commitment: Advisors will be required to attend monthly meetings in our Radnor office (following Covid guidelines) during the early evenings and work on PAYAM projects in between meetings from November 2022 to May 2023. These meetings may become virtual as needed due to Covid.

You will work on....

- > Creating and planning a fun, teen-focused event for International Adolescent Health Week
- > Creating a teen health PSA video
- > Providing input about what is important for Adolescent Health medical practices to do to make patients comfortable.

What You Get: A certificate of completion and a stipend of \$150, distributed in 2 parts, midway and at the completion of your TAC responsibilities PLUS snacks during meetings, a chance to make new friends, and other tokens of appreciation.

Fully Completed Applications due October 10th.

Application Instructions:

1. Complete your contact and background information.
2. Answer each of the questions below. Each reply should be 150 words or fewer.
3. If you are under 18 years old, please have your parent or guardian complete the permission information below to participate in this program (signed forms will be required to participate).
4. Email your completed application, answers and signed Parent Permission form if younger than 18 to PayamTAC@pennmedicine.upenn.edu by October 10th.

* Required

1. Name *

2. Age *

3. High School *

4. Grade *

5. Home ZIP Code *

6. Phone number if we need to reach you. *

7. Email address that you check regularly *

8. How did you hear about this program?

Questions

Please answer the following questions. Each answer should be 150 words or fewer.

9. What health issues are most important to teens today? *

10. Do you think that adults prioritize the same teen health issues as you do? *

11. If you could change one thing about health education, what would you change and why? *

12. Describe what an ideal annual checkup would include. For instance, what do you wish would always be discussed by your health care provider, do you like your parent in the room with you for any of your visit, what would make you feel comfortable with your doctor? *

13. Describe an idea for a fun teen health community or school event that you might like to work on. *

If you are under the age of 18, please print out this form and have your parent or guardian complete it.

It needs to be emailed to
PayamTAC@pennmedicine.upenn.edu

14. Print and email attached permission form *



Permission for Applicants (under 18 years old):

If my teen is selected to serve on the PAYAM Teen Advisory Council: I, _____
(print name of parent/guardian)

give permission for my teen, _____
(print name of teen)

to participate in the PAYAM Teen Advisory Council for a one-year term. My teen agrees to fulfill the commitments of participation as stated on the Application Form. |

In addition, I grant the following permissions (*please check all that you will allow*):

- ☐ Publish my child's name and school online and in PAYAM publications
- ☐ Publish my child's photograph online and in PAYAM publications

Parent/Guardian Signature: _____ Phone: _____

Email: _____ Date: _____

***** Complete Applications due October 10th *****

Submit completed applications to
PayamTAC@pennteam.upenn.edu

Mark only one oval.

- ☐ Applicant is over 18 and no form is required
- ☐ Applicant is under 18 and form will be emailed to PayamTAC@pennteam.upenn.edu

Thank you
for your
application.

If you have questions about this form, or are having problems with printing out the permission form, please email us at PayamTAC@penmedicine.upenn.edu . We will notify selected Teen Advisory Council members by the end of October.

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