

Every 15 Minutes Student Application

Name: _____

Address: _____

Phone: _____ home, _____ cell

Age _____ Grade _____

Why would you like to participate in the Every 15 Minutes (use back if you need more room)

Y N Are you willing to be sequestered at a local retreat the night before the assemble?

Y N Are you willing to write a "good-bye" letter to you family/friends as part of the program?

Y N Are you willing to participate in a simulated traffic collision?

Y N Would you be willing to be placed into a body bag?

Y N Would you be willing to be the critically injured patient, who dies after being transported to the hospital?

Y N Would you be willing to play the part of the Drunk driver, perform field sobriety tests and go to jail?

For every 15 Minutes Program to be effective, it is recommended that you do not discuss the program with other students or faculty