

Cancer Awareness Youth Educator Badge (YEB)



Educator Contract

Qualifications

1. A tobacco-free lifestyle for the duration of the program.
2. A lifestyle that is tanning-free of sunbathing and tanning booths/lamps for the duration of the program.
3. Ability to communicate with adolescents in a way they will listen and understand.
4. Passion to educate adolescents on the importance of healthy behaviors.

Responsibilities

1. Work with a community organization that serves adolescents to guarantee a location and existing youth group.
2. In collaboration with a community organization, secure a regular meeting place.
3. Attend an entire Youth Educator Badge (YEB) training session for educators.
4. Prepare in advance for each session delivered. Materials should be organized with a sufficient amount of handouts and activity supplies for all participants.
5. YEB Team is required to deliver **at least** one YEB program session to 10 children (ages 11 – 14 years old) from 4/1/2013 to 12/31/2013.
6. Follow the YEB manual for conducting the YEB program.
7. Return loaned equipment (laptop, projector, to The Cancer Institute of New Jersey within 72 hours of completing a program.
8. Complete and submit completed pre and post tests and evaluation forms to your Cancer Institute of New Jersey Program Coordinator.
9. Contact your Cancer Institute of New Jersey Program Coordinator on a regular basis for any updates, barriers, and/or suggestions.

Time Commitment

1. Attend a four-hour YEB Train-the-Trainer session.
2. Deliver the YEB program (about 2.5 hours) to at least 10 children within the program period with another YEB trained educator..

What You Receive

1. The opportunity to educate adolescents on the benefits of practicing healthy behaviors.
2. Supplies and materials to deliver each program session.
3. Monetary incentive to deliver each program session.
4. The opportunity to contribute to The Cancer Institute of New Jersey's mission to increase awareness of and provide education about cancer prevention.

Contract of YEB Educator Description

I have read this entire description. I understand what is expected of me. If I have any questions, I understand that I should reach out to The Cancer Institute of New Jersey's Program Coordinator immediately.

Educator's Name:_____

Educator's Signature:_____

Date:_____

Signature of The Cancer Institute of New Jersey's Office of Community Outreach:

Staff Approval:_____ Date:_____

For more information, please contact:
Amanda Medina-Forrester
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The Cancer Institute of New Jersey
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