*Sexuality Education Facilitator Training Grades 7-9/10-12*

The success of *Our Whole Lives* depends on the qualified and caring persons who are trained to be *Our Whole Lives* facilitators!

**WHAT:**

*Our Whole Lives*, or “OWL” is based on the philosophy of comprehensive sexuality education which helps participants make informed and responsible decisions about their sexual health and behavior. It equips participants with accurate, age-appropriate information. This training is for those who want to facilitate the curriculum for middle and high-school youth.

**WHEN – 3 day training:**

Friday November 14th – 5:00pm – 9:00pm (dinner provided)

Saturday November 15th – 8:00am – 8:00pm (breakfast, lunch and dinner provided)

Sunday November 16th – 8:00am – 3:00pm (breakfast and lunch provided)

**\*Full participation is required for certification as an *Our Whole Lives* leader**

**WHERE:** First Congregational Church – 1050 East 23rd, St., Eugene, OR

**WHAT’S THE COST: $175.00 REGISTRATION DEADLINE: Nov 7th**

Registration fee covers the cost of the workshop including trainers, meals, and supplies. The required *Our Whole Lives* manuals are not included.

**Space is limited to 20 participants – register early!**



**REQUIRED MATERIALS:**

The *Our Whole Lives* manuals are required if you will be teaching the curriculum. \***Please order the appropriate manuals directly from the United Church of Christ resources at least 10 days before the training**.

**To order call: 1-800-537-3394 -**Receive a **discount** when you tell the sales representative you are attending this training!

**Grades 7-9 \*\*\*PLEASE NOTE – a new edition of the 7-9 curriculum has just been released. When ordering you may experience a back order.**

1 copy 7-9 Our Whole Lives, 1 copy 7-9 Sexuality and Our Faith **\***1 copy Advocacy Manual

**Grades 10-12**

1 copy 10-12 Our Whole Lives, 1 copy 10-12 Sexuality and, Our Faith **\***1 copy Advocacy Manual

**\***Advocacy manual is not required, although it is an excellent, helpful resource. One manual per attending group is sufficient.

**HOME HOSPITALITY:**

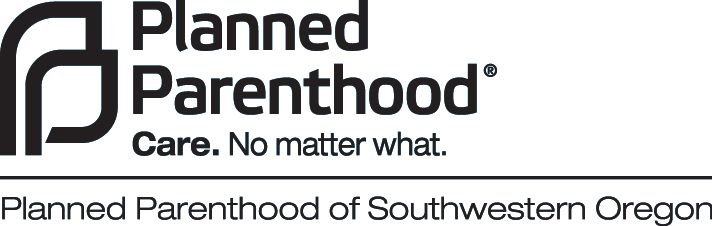
Coming from out of town? We offer home hospitality for overnight accommodations. You will be housed with a member of the host congregation, and we’ll try hard to place people appropriately in smoking/non-smoking or allergy-free home.

**TO REGISTER:**

Print, fill out and mail the registration form with payment by November 7th.

**\*\*Refund policy**: Cancellations prior to the **registration payment deadline** **Nov 7th** will be subject to a $20.00 processing fee. Cancellations after Nov 7th or a no show may forfeit entire registration fee, except in cases of hardship.

**For more information contact Joanne Alba at (541) 344-2632 x1014** [**Joanne.alba@ppsworegon.org**](mailto:Joanne.alba@ppsworegon.org)

***Our Whole Lives* Training Registration Form**

**Please print, complete form and mail with your payment to:**

*Joanne Alba Planned Parenthood of Southwestern Oregon (PPSO) 3579 Franklin Blvd. Eugene, OR 97403* **Registration deadline: November 7th**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation (if applicable) (full name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be Co-Teaching with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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State \_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_ Phone (h)\_\_\_\_\_\_\_\_\_\_\_\_\_(cell/work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JUST CHECKING:**

☐ Omnivore ☐ Vegetarian ☐ Vegan ☐ Gluten Free

☐ Allergies/food/special needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I need home hospitality for Friday and Saturday night

☐ I prefer a pet free home ☐ I prefer a smoke free home

☐ Other needs or considerations we should know about?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ $175/per person **Total amount enclosed $** \_\_\_\_\_\_\_\_\_\_\_

☐ I am paying by check, **made payable to PPSO**

☐ Please charge my credit card: (Visa/MC/Amex/Discover) Card Number

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Digit Code (back of card, Amex 4 digit on front): \_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

