



**Washington County Teen Pregnancy Prevention Coalition
TEEN ADVISORY GROUP (TAG) Application**

Date: _____

Student Information (Please print neatly)

Student Name: _____

School: _____ Grade: ____ Age: ____ Gender: M__ F__

Home Address: _____

Youth Phone Numbers: Home _____ Cell _____

Email address: _____

What are the best ways to contact you?

Email ____ Cell phone ____ Home phone ____ Mail ____ Text ____

Are you interested in receiving SSL credit for your participation in Coalition activities?

Yes _____ No _____

Parent/Guardian Information

Name(s) of Parent(s)/Guardian(s): _____

Relationship to Student: _____

Address (if not the same as the student): _____

Will student need transportation assistance to come to meetings?

Yes: _____ No: _____

Comments/Concerns:

TAG Advisor

Dr. Meredith Williams, Pediatrician

Email: mwilliamsmd@myactv.net

Executive Director

Shalom Black Lane, phone 301-671-3000

Email: TeensHaveChoices@gmail.com

Mail or fax to:

Teen Pregnancy Prevention Coalition, Inc.

88 W. Lee St

Hagerstown, MD 21740

FAX: 301-671-3001