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### Sources of Strength Peer Leader Invitation

Dear \_\_\_\_\_

Congratulations! You have been recommended by (school staff and students OR name of person who nominated student) to become a Sources of Strength Peer Leader because of your leadership and influence amongst your friends and peers. Sources of Strength trains student leaders like yourself, along with caring adults, in a mission to help make a difference and spread hope, help, and strength in your school and community. As a Peer Leader for Sources of Strength, you will create a culture promoting wellness where students feel comfortable to get help when they are struggling emotionally, might feel suicidal, or are having a tough time with anger, anxiety, or depression.

We need your involvement in order to be effective! We don't plan to change you or make you a junior psychiatrist, we want you to be yourself and use the connections and strengths you already have to help keep others safe and make an impact in your school and community. You are likely to be aware of friends or other classmates who are struggling emotionally much sooner than most caring adults and you have an influence on the beliefs and behaviors of your friends that adults cannot match. Here's what we know: When we get Peer Leaders like yourself working together with caring adults, it can help many students feel better and save lives. If the adults try to do it alone - it falls flat.

What we would like from you is a bit of your time, energy, and creativity. The first phase will be to participate in a 4.5-6 hour, interactive Sources of Strength training (during school hours) with tons of discussions, games, brainstorming, and activities. If you then choose to continue, you will be involved in peer prevention activities throughout the school year.

Sources of Strength is fun, powerful, and strength-based. With your knowledge of your peers and our knowledge of prevention, we believe we can put our heads, hearts, and hands together to create a strength-focused culture in your school.

Your Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email address \_\_\_\_\_

If there are other influential students in your school who should be involved in this program, please list them below.

Name \_\_\_\_\_ Grade \_\_\_\_ Reason \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_ Reason \_\_\_\_\_