Security On Campus, Inc.
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telephone: (610) 768-9330 1-888-251-7959 fax: (610) 768-0646
www.securityoncampus.org

Safe On Campus

Peer Education Program

Program Location: _____

Program Date: _____

Dear Peer Educator:

Thank you for taking time out of your busy schedule at school to educate others about an important topic they will face when they arrive at college. Your involvement in their life is invaluable. Know that by participating in this program, you have made a positive difference in their lives!

For each program you participated in, you will receive $25 compensation for your time and travel. Please fill out the form below and return it to **Security On Campus, Inc.** We will mail you a check from our office to the address you provide.

Make sure to stay in touch with us about future programs. We would love to have you back! Thanks again ☺

Alison Kiss
Program Director

Note: Please keep this top portion as your receipt and return the bottom to SOC.

Program Location: _____ **Date of Program:** _____

Number of programs you did today: _____

Please circle the name of today's program: Breaking the Silence Wasted Youth

Your Name: _____

College/University: _____ **Class of:** _____

Address: _____ (your check will be mailed here)

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

_____ _____
(Your Signature) **(High School Faculty Signature)**