

**Standing Side by Side (SSbS) Parent Discussion Group**  
**Orange County Rape Crisis Center**

Standing Side by Side (SSbS) is a program designed to support parents who want to prevent sexual violence in the lives of their adolescent children. Parents will meet in a small group with facilitators from the Orange County Rape Crisis Center (OCRCC) and other area agencies for 8 weekly sessions to discuss a wide range of topics related to sexuality, violence, and prevention. Come share and learn strategies for improving communication with your teens about consent, healthy sexuality, and being active bystanders. SSbS, as a program of the Orange County Rape Crisis Center, is committed to being inclusive of all families and all children. The program is offered free of charge, and meeting dates/times will be determined by participant interest.

When OCRCC staff receives your application, you will be contacted to schedule a pre-program interview.

**Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**How many children do you have?** *Please fill out the following information about your adolescent child(ren). Please attach additional pages if needed.*

**1. First name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**What school does your child attend?** \_\_\_\_\_

**2. First name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**What school does your child attend?** \_\_\_\_\_

**3. First name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**What school does your child attend?** \_\_\_\_\_

**4. First name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**What school does your child attend?** \_\_\_\_\_

The SSbS Parents Group will meet weekly for 8 weeks beginning in early September. Please indicate the best times/dates for you to meet by marking the boxes below (X= can attend):

<b>Approx. Time</b>	<b>Mondays</b>	<b>Tuesdays</b>	<b>Wednesdays</b>	<b>Thursdays</b>	<b>Fridays</b>
<b>Early morning</b>					
<b>Late morning</b>					
<b>Lunch</b>					
<b>Afternoon</b>					
<b>End of work day</b>					
<b>Evening</b>					

Please return this application to Rachel Valentine at Orange County Rape Crisis Center no later than **Friday, September 2**. You can submit by email, fax, or mail to:

Rachel Valentine  
OCRCC  
1506 E. Franklin Street, Suite 302  
Chapel Hill, NC 27514

[rvalentine@ocrcc.org](mailto:rvalentine@ocrcc.org)  
Phone: 919-968-4647  
Fax: 919-968-4677