My Personal Contract
To Protect Myself From HIV/STDs

Section 1:
Name: _______________________________ Age:_________

Section 2:
Reasons why I want to protect myself from HIV/STDs.
(Hint: Think about your skills, your appearance, your family, your career plans and life goals.)

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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Section 3:
I pledge to protect myself from HIV/STDs by:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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Section 4:
One person I will talk to about protecting myself from HIV/STDs is:

_________________________________________________________________

Section 5:
One person who will support me:

_________________________________________________________________

Signed:_____________________________ Date:___________________

Signature of parent or trusted adult ____________________________________________________________________

Level B • Lesson 6: Community Resources/Personal Contracts