

2015 YOUTH ACCESS SURVEY PROJECT

The Youth Access Survey (YAS) collects information on what types of drugs youth are using; messages they see and hear promoting the use of alcohol, tobacco, and other drugs (ATOD); reasons why they are using; and how youth have access to these substances.

The North County Prevention Partnership (NCPP) and Asian American Recovery Services (AARS), in partnership with the Youth Leadership Institute (YLI), is working with the South San Francisco Unified School District (SSFUSD) to find a committed team of students who will be trained to explain, administer, and collect the surveys in their peers' high school (Grades 9-12) classrooms. After collecting the surveys, the students will analyze the data and create a Findings and Recommendations Report. This Findings and Recommendations report can help fund ATOD prevention programs in their schools.

Benefits of being involved in the YAS program include:

- Community service hours (often required for graduation)
- Development of leadership and team-building skills
- Letters of Recommendation for college or job applications
- Opportunities for rewards
- Transportation, food, and light refreshments provided at all meetings and trainings

NCPP is currently recruiting students attending the following schools: El Camino High School, South San Francisco High School, and Baden High School

Student participants must attend these **mandatory** trainings and meetings listed below:

	Date	Time	Location
Kick-Off Meeting	09/16/2015 (WED)	3:30PM-5:30PM	TBD
Training Retreat	10/10/2015 (SAT)	9:30AM-4:00PM	<i>Location announced at Kick-Off Meeting</i>
Training Retreat	*11/07/2015 (SAT) or *11/14/2015 (SAT)	9:3AM-4:00PM	<i>Location announced at Kick-Off Meeting</i>
Final Training	December 2015 (date TBD)	3:30PM-6:00PM	<i>Location announced at Kick-Off Meeting</i>
Wednesday Team Meetings	<i>Dates announced at Kick-Off Meeting</i>	3:30PM-5:30PM	<i>Location announced at Kick-Off Meeting</i>

***Training date may fall on either of those dates listed above. Final confirmed training dates will be dependent on program participants' availability and completion on surveying the schools. The surveying of schools will take place tentatively the last 2-3 weeks of December 2015.**

If you have any questions, comments, or concerns please feel free to contact Athila Lambino at the AARS Youth Services Office at (650)243-4864 or at alambino@aars.org. You may also call/text at (415)912-0605.

Funding for the Youth Access Survey project comes from a Drug-Free Communities Support Grant from the Substance Abuse & Mental Health Services Administration (SAMHSA). North County Prevention Partnership (NCPP) is staffed by Asian American Recovery Services.

PROGRAM CONSENT FORM

(for youth 18 and under)

I, _____, parent/guardian of
(Please print name)

_____, agree to enroll my
(Please print child's name)

child in the **2015 Youth Access Survey Program** at Asian American Recovery Services (AARS) and the North County Prevention Partnership (NCPP).

I am aware that my child's participation is voluntary and that I may end his/her participation in the program at any time by notifying the AARS staff in writing. This consent form is valid for the duration of the program from **September 01, 2015** to **June 30, 2016**. I also understand that there will be no harm or risk to me or my child by joining the program.

I understand my family and my rights to privacy will be protected. I am aware that if the staff believes there is a potential for serious harm that my child might cause to another person, or any immediate danger to himself/herself, then AARS staff may need to inform others to protect the safety of my child or others. According to federal laws and regulations, AARS staff may be allowed to reveal confidential information to appropriate authorities to protect the safety and welfare of a client or others only when:

1. There is reasonable suspicion of child, dependent, elderly abuse; or
2. The client is a serious danger to him/himself or to others.

I understand that my child's participation is very important to the success of the program. I also agree to cooperate with staff of AARS and encourage my child to participate consistently in the program activities.

Parent/Legal Guardian's Signature

Date

Address

Home Phone

Work Phone

MEDICAL AUTHORIZATION FORM

Should it be necessary for me, or my child(ren), to have medical treatment, while participating in any of the AARS Program activities, I hereby give the AARS staff permission to use their judgment in obtaining medical services for me, or my child(ren). I also give permission to the physician to exercise his/her judgment in providing appropriate medical services. I understand that the AARS program has no insurance covering such medical or hospital costs incurred for me, or my child(ren) and, therefore, any costs incurred for such treatment shall be my sole responsibility.

Participant Information

Participant's Name _____ Date of Birth _____

In case of emergency, please contact _____

Relationship of emergency contact with participant _____

Telephone (home) _____ (work) _____

Address _____

Existing medical condition, if any _____

Prior medical condition, if any _____

Allergies (including allergy to any medicine or drug) _____

Name of physician _____

Clinic/Hospital _____ Telephone _____

Insurance carrier/policy or group # _____

Special Instructions

While all reasonable precautions will be taken to insure the safety of all participants in all AARS program activities, I understand that the AARS program and its staff cannot be held responsible for accidents that might occur. I hereby hold AARS and its staff harmless of any liability throughout the duration of the program.

Parent/Legal Guardian's Signature

Date

MEDIA RELEASE FORM

I, _____ (please print full name),
with my initials below, authorize the use of my and/or my child(ren)'s photo, video, and/or
voice:

***** My INITIALS below authorize the use of my and/or my child(ren)'s: *****

Photo _____ Video _____ Voice/Audio _____

For the following purposes:

_____ Television _____ Radio _____ Computer/Internet

_____ Print Media (newspapers, magazines, newsletters, brochures, etc.)

_____ Internal AARS education materials

I understand that this media release will be used solely for AARS' and NCCPP outreach, educational, training, and/or promotional purposes. I may also withdraw my authorization at anytime by notifying AARS in writing. This authorization is valid for (5) years from the date that I sign.

Participant's name: _____

Address: _____

Date of Birth: _____ Phone: _____

Notes:

Participant's Signature

Date

Parent/Legal Guardian's Signature

Date

AARS Staff Signature

Date