



PROJECT U OVERVIEW

Project U is a Guam Police Department Safe Schools Initiative equipped with a network of Safe School Partners that include government and non-government organizations committed to creating safer communities and schools. The Guam Department of Education (DOE), Guam Department of Youth Affairs (DYA), Guam Behavioral Health & Wellness Center, Office of the Attorney General Family Division (OAG), Piti Mayor’s Office, Mangilao Mayor’s Office, Thrive Coalition, Mañe’lu, KUAM and PBS Guam are our Safe School Partners who have collaborated to meet the needs of our youths and the community in which they live by delivering three objectives:

1. Community Education
2. Crime Enforcement
3. Social Media Campaign #ProjectGU

PROJECT U SUMMER PROGRAM

Project U Youth Summer Program aims to increase positive youth engagement and accessibility to resources, to include mentoring participants to become leaders in their school and community by focusing on responsible citizenship, values and life skills. Participants will be paired with Safe School Partner mentors who will be mentoring them throughout the program. Safe School Partners have collaborated to provide a host of resources for participants to achieve success. Project U Youth Summer Program is a four- week program that will be at no cost to the participant. Participants must be between 14 and 17 years of age during the program. Documentation required for registration is:

1. Immunization Record
2. Birth Certificate

PROGRAM LOCATION & SCHEDULE

<p>Orientation Date: Wednesday, May 25, 2022 (5:30PM)</p> <p>Start Date: Monday, June 6, 2022</p> <p>End Date: Friday, July 1, 2022</p> <p>Schedule: Monday thru Friday, 8:00AM – 4:00PM</p>	<p>Location: GCA Trades Academy 506 Mariner Avenue Tiyán, Guam</p>
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IMPORTANT NOTICE

COVID-19 requirements may be in place for the health and safety of all 2022 Project U Youth Summer Program participants and Safe School Partners. There may be physical distancing and sanitization requirements that will change during the summer program. Any such changes will be disseminated to the parents/guardians identified on the registration packet for information, awareness and compliance. The health and safety of our youth participants is paramount, therefore, protocols have been established that will be outlined herein.

COVID-19 RISK AND ACKNOWLEDGEMENT

While participating in the 2022 Project U Summer Program, physical distancing must be practiced and face coverings worn at all times to reduce the risks of exposure and spread of COVID-19 in accordance to Department of Public Health & Social Services (DPHSS) guidelines.

GPD cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19 nor be exposed to COVID-19 as they participate and engage in the activities in the program and with other participants, partners and/or mentors.

Since COVID-19 is extremely contagious and is spread mainly from person-to-person contact or respiratory droplets, Project U has put in place preventative measures to reduce its spread. We will ensure that we will mitigate and/or reduce the likelihood of exposure to your child by conducting temperature checks, ensuring proper physical distancing, and utilizing sanitizing agents and requiring the wearing of face mask at all times.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in Project U Summer Program activities. By attending Project U Summer Program, you certify that you or your child does not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others symptoms;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-CHECK:

Participants agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath). If he/she experiences symptoms of COVID-19 at any point during the program, participants are to remain at home, seek medical advice and to contact **Project U at 475-8508/8512** or by email chief@gpd.guam.gov for notification that the participant will not be attending the program. The participant may return to the program upon receiving a negative COVID-19 test result or upon receipt of medical clearance by the Department of Public Health and Physical Services.

COVID-19 RISK AND ACKNOWLEDGEMENT

We acknowledge and understand the following:

1. Me and my child acknowledge and understand this risk includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. Me and my child knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. Me and my child hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

PARTICIPANT'S SIGNATURE

DATE: _____

PARENT/GUARDIAN SIGNATURE

DATE: _____

PROGRAM RULES

As participants of the 2022 Project U Youth Summer Program, there are guidelines in place to keep your child safe. The goal of the program is to train your child to be a leader and to mold good character. This involves decision-making, responsibility and accountability to self and to others. As part of their growth, we would like our youths to value self-respect. Project U and the Safe School Partners want them to define what their values are and recognize the importance of self-worth. If our participants do not respect themselves, they will not value others nor respect them. We understand that no one enjoys being disciplined, however there are good and bad consequences that come with each person's decisions.

In molding good character in our future leaders, we believe there are (3) attributes that contribute to that growth; **Integrity, Respect and Responsibility**. In order to reach that success for your child and the safety of all participants, volunteers, and staff, it is our expectation that program rules are followed. Please discuss these rules and any violations of these rules that will automatically have your child removed from the program.

INTEGRITY	RESPECT	RESPONSIBILITY
Let your actions and decisions be based on truthfulness, fairness and ethicalness. Commit to strong moral principles that honor your virtues and displays outward on how real you are; who you are and what you stand for.	Always respect yourself, respect others and their property. We are all not the same; we all come from different places, raised in different cultures, have different economic means, have different beliefs, or have different skin tones. Do not allow your difference to cause a divide, frictions or assaults, but find what is similar and build on those foundations.	You are responsible for how you treat others, the words you speak, the actions you choose, the tasks that you are given, the role you have, and the ownership of your property. You are

DRESS CODE:

Participants are encouraged to wear comfortable and appropriate clothing. Clothing depicting the use of drugs, alcohol, tobacco, violence or than may be offensive is prohibited. Participants are also asked to bring a change of clothes since there are sports and outdoor activities that are incorporated in the training.

CONTRABAND:

The Project U has a zero tolerance policy on the possession, use and display of drugs, alcohol and tobacco.

By signing, you and your child understand and agree to the 2022 Project U Youth Summer Program rules.

PARTICIPANT'S SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE: _____

DATE: _____

Welcome to the 2022 Project U Youth Summer Program!

The following registration items are collected for information and program planning purposes only: *Gender, Ethnicity, Language, Population Type, Community Resources, Household Information and Health Insurance Status*. Responses to these questions will not impact acceptance into the program and will not be shared outside of the Project U Youth Summer Program without the permission of the parent/guardian. All other information is required for the safety and security of all participants.

Should any information change during the program, please notify Project U immediately at **475-8508/8512** or by email chief@gpd.guam.gov.

Participant's First & Last Name

Paste Photo Here

Part I. Participant's Information

Full Name:		Nickname:	Age:
Primary Address (Number & Street):		Date of Birth (mm/dd/year):	
Apt Number:	Village:	Zip Code:	
School Name:		Grade:	
Type of School: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home-School <input type="checkbox"/> Other (specify): _____		Health Insurance: <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Employment-Based <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (specify): _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Ethnicity: <input type="checkbox"/> Chamoru <input type="checkbox"/> Marshallese <input type="checkbox"/> Unknown <input type="checkbox"/> Chuukese <input type="checkbox"/> Yapese <input type="checkbox"/> Other: _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Ponapean <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Palauan		
Transportation:	<input type="checkbox"/> My child needs Transportation <input type="checkbox"/> My child does not need Transportation		

Part II. Participant's Parent/Guardian Information

Full Name (Mother):		
Full Name (Legal Guardian):		
Mother Address (Number Street Name):	Village:	Zip Code:
Home #:	Mobile #:	Alternate #:
Email Address:		
Place of Employment:		
Employer Address:	Employer Address:	

Full Name (Father):		
Full Name (Legal Guardian):		
Mother Address (Number Street Name):	Village:	Zip Code:
Home #:	Mobile #:	Alternate #:
Email Address:		
Place of Employment:		
Employer Address:	Employer Address:	

Part III. Emergency Contacts & Authorized Pick-Up Person(s)

*Emergency Contacts listed in Section III are authorized to pick up the child unless otherwise noted.
The following **additional** people are authorized to pick up my child. At least one emergency contact must be identified.*

1	Name:	Relationship:
	Phone #:	Address:

2	Name:	Relationship:
	Phone #:	Address:

3	Name:	Relationship:
	Phone #:	Address:

Part IV. Additional Participant Information

<p>Is the participant any of the following? (Select All that Apply):</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Offender / Juvenile Justice Involved <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Foster Care Participant <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Runaway Youth <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the applicant is an individual with a disability, please select disability type(s)</p> <p>(Select All that Apply):</p> <p><input type="checkbox"/> Cognitive Impairment</p> <p><input type="checkbox"/> Hearing-Related</p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Mental or Psychiatric</p> <p><input type="checkbox"/> Physical/Chronic Health Condition</p> <p><input type="checkbox"/> Physical/ Mobility Impairment</p> <p><input type="checkbox"/> Vision-Related</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Decline to Answer</p>
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<p>Participants Primary Language (Select One):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Chamorro <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Tagalog</p> <p><input type="checkbox"/> Chuukese</p> <p><input type="checkbox"/> Ponapean</p> <p><input type="checkbox"/> Palauan</p> <p><input type="checkbox"/> Kosraean</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Korean</p>	<p>Participants Secondary Language (Select All that apply):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Chamorro <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Tagalog</p> <p><input type="checkbox"/> Chuukese</p> <p><input type="checkbox"/> Ponapean</p> <p><input type="checkbox"/> Palauan</p> <p><input type="checkbox"/> Kosraean</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Korean</p>
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Part V. Consent and Signatures

CONSENT TO PARTICIPATE

TO THE BEST OF MY KNOWLEDGE THE INFORMATION ABOVE IS TRUE. I AGREE TO ITS
VERTIFICATION AND UNDERSTAND THAT FALSIFICATION MAY BE GROUNDS FOR EXCUSAL
FROM THE PROJECT U YOUTH SUMMER PROGRAM. INFORMATION PROVIDED WILL BE USED TO
IMPROVE PROJECT U PROGRAMS.

PARTICIPANT’S SIGNATURE

DATE: _____

PARENT/GUARDIAN SIGNATURE

DATE: _____

Please be aware that as a participant of the Project U Youth Summer Program, from time to time, the Guam Police Department, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, “Authorized Parties”) or News personnel may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, Authorized Agents or News personnel may photograph, videotape, interview or otherwise record participants and their families and friends in these programs. The resulting images, videos, and interviews may be used, with or without the participant’s name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs, and videos, websites, physical media and blogs (collectively, “Media”).

I hereby authorize and permit the Authorized Parties, without compensation, ownership rights and without further approval, to photograph and/or record my and my child’s image, name, likeness, and the sound of my and my child’s voice during Project U Youth Summer Program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation or ownership rights and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media whether now or hereafter known or developed.

- YES, I GIVE MY CONSENT.
- NO, I DO NOT GIVE MY CONSENT.

PARTICIPANT’S SIGNATURE

DATE: _____

- YES, I GIVE MY CONSENT.
- NO, I DO NOT GIVE MY CONSENT.

PARENT/GUARDIAN SIGNATURE

DATE: _____

Part VI. Family Information

Please answer questions below and provide additional details in the space provided. Many needs or health challenges can be accommodated and may not limit participation in the program.

Number of Children in Household:

Number of Adults in Household:

Age(s) of Children in Household (Include participant):

The participant lives in a household that is headed by (Select One):

- Single Parent – Female
- Single Parent - Male
- Single Person – No Children
- Non-Related Adults with Children
- Two Parent Household
- Multigenerational Household
- Other: _____
- Decline to Answer

Participant's Housing Type (Select One):

- Owned-Home
- Rent
- Homeless
- Other Permanent Housing
- Government Housing Program
- Shelter
- Other (specify): _____
- Decline to Answer

Religion:

- Catholic Christian
- Other (specify): _____
- Decline to Answer

Physical Activity (Rate your family's physical activity on a weekly basis):

- Not Active
- Moderately Active Decline to Answer
- Very Active
- Other (specify): _____

Does your family and/or child(ren) participate in community events, sports or volunteer work?

- Yes No

Is your family and/or child(ren) interested in becoming involved with community activities?

- Yes No

Do you believe your child(ren) will benefit from community resources/services?

- Yes No

If yes, select which community resources/services

- Sports
- Volunteer Work
- Educational Courses (*Examples: Trade Skills, Parenting, Substance Abuse, Mental Health, Decision-Making, etc.*)
- Mentorship
- Other (specify): _____

Would you like to receive additional information on community resources?

- Yes No

Part VII. Health Information

Please answer questions below and provide additional details in the space provided. Many needs or health challenges can be accommodated and may not limit participation in the program.

Does the participant have any allergies (food, medication, etc.)?

No Yes (specify):

Does the participant have asthma?

No Yes

Does the participant have special health care needs?

No Yes

Does the applicant take medication for any condition or illness?

No Yes

Are there activities the participant cannot participate in?

No Yes

Please provide any additional health information details:

Not Applicable

Please provide any accommodation(s) you are requesting for the participant:

Not Applicable

MEDICATION POLICY, MEDICAL RELEASE AND CONSENT

I understand that it is the responsibility of the child, parent or guardian to ensure that required medication is taken when needed. The medication should be kept in the child's backpack or cooler. The Guam Police Department (GPD), authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, "Authorized Parties") is not responsible for dispensing any medication or reminding any child to take his/her medication. Additionally, GPD personnel or its Authorized Agents cannot administer any over-the-counter medication.

If my child requires emergency medical care and I cannot be reached, I give consent to GPD to obtain the necessary medical care for my child. I agree to pay all of the cost associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is a participant of the 2022 Project U Youth Summer Program.

Parent/ Guardian Signature

Date

YES, I give permission for GPD Personnel or its Authorized Agents to administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent that I provide for my child.

NO, I do not give my permission for GPD Personnel or its Authorized Agents to administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent that I provide for my child.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

IN THE EVENT OF A MEDICAL EMERGENCY, I HEREBY GIVE CONSENT FOR NECESSARY EMERGENCY MEDICAL TREATMENT TO BE OBTAINED ON MY BEHALF. I FURTHER AUTHORIZE THE EMERGENCY CONTACT(S) LISTED TO BE CONTACTED. I UNDERSTAND I WILL BE NOTIFIED AS SOON AS POSSIBLE.

YES, I GIVE MY PERMISSION.

YES, I GIVE MY PERMISSION.

NO, I DO NOT GIVE MY PERMISSION.

NO, I DO NOT GIVE MY PERMISSION.

PARTICIPANT'S SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE: _____

DATE: _____



2022 PROJECT U YOUTH SUMMER PROGRAM

WAIVER OF LIABILITY AND RELEASE AGREEMENT

Consideration: I, _____ (Full Name) and the parent/legal guardian of _____ (Full Name). I hereby acknowledge the personal benefits accruing to my child by reason of participation in the Project U Summer Program and am aware of the activities which my child will be involved through said participation. I have read the following Waiver and Release of Liability Form (the "Agreement") and agree to its terms:

Assumption of Risk: I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may result from participation in event activities.

Release/Indemnification: I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue the Guam Police Department, Department of Youth Affairs, Office of the Attorney General, Guam Behavioral Health & Wellness, Guam Department of Education, Piti Mayor's Office, Mangilao Mayor's Office, Mañe'lu, Thrive Coalition, KUAM, its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my child's participation in the event activities (the "Claims"). I agree to indemnify and hold harmless Guam Police Department, Department of Youth Affairs, Office of the Attorney General, Guam Behavioral Health & Wellness, Guam Department of Education, Piti Mayor's Office, Mangilao Mayor's Office, Mañe'lu, Thrive Coalition, KUAM, its directors, employees, agents, volunteers, and affiliates for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a mediation organization for binding resolution.

Media Consent: I give my consent and permission for the taking of photographs and/or video of my child during the described event and waive and/or assign any and all rights (including copyright) in such media to the Guam Police Department, Department of Youth Affairs, Office of the Attorney General, Guam Behavioral Health & Wellness, Guam Department of Education, Piti Mayor's Office, Mangilao Mayor's Office, Mañe'lu, Thrive Coalition or KUAM, as the sole owner of such media, shall have exclusive rights to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Acceptable Conduct by Participant: I understand and acknowledge that during my child's attendance and participation in the Project U Youth Summer Program, which may include travel to and from the GPD Headquarters, my child will act in a responsible manner and will abide by the instructions of any Project U Youth Summer Program personnel, and will comply and follow the rules and regulations of the GPD and I understand that if my child does not behave responsibly or acts dangerously to himself/herself or to others, that they will be immediately removed from participation in the Project U Summer Program.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Child's Name (Full Name): _____ Date: _____

Parent/Guardian Name (Full Name): _____

Parent/Guardian Name (Full Name): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Full Name): _____

Emergency Phone #: _____



Maolek Na Lina'la (Life Is Good)
 Participant Registration Form
(To be completed by Parent/Legal Guardian)

Youth Participant Name <i>(Last Name, First Name)</i>		Date of Birth <i>MM/DD/YYYY</i>	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Prefer Not to Answer	Grade Level <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12																				
Also prefers to be called: _____		Age _____																						
Parent/Legal Guardian Name		Race / Ethnicity <input type="radio"/> White (non-hispanic) <input type="radio"/> Hispanic/Latino <input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Multicultural <input type="radio"/> Other																						
Youth Participant Email																								
Parent/Legal Guardian Email																								
Physical Address <i>House/Apt # Street</i> <i>Village Zip Code</i>		Mailing Address <i>House/Apt # Street</i> <i>Village Zip Code</i>																						
Primary Phone (671) _____		<i>Please indicate type:</i> <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Other: _____		Best Days/Times to Contact You <i>Please indicate days:</i> __ : __ AM/PM to __ : __ AM/PM																				
In case of an emergency, please provide an alternate contact:																								
Name: _____		Relationship to Youth: _____																						
Primary Phone: _____		Alternate Phone: _____																						
<p>WestCare Pacific Islands is home to an array of services committed to the well-being of families and the communities it serves. By selecting any of the following, we can assist in getting you connected to appropriate service providers. (Select all that apply.)</p> <table border="0"> <tr> <td><input type="radio"/> Public Assistance</td> <td><input type="radio"/> Transportation</td> <td><input type="radio"/> Healthcare Assistance</td> <td><input type="radio"/> Counselling Support</td> </tr> <tr> <td><input type="radio"/> Childcare Assistance</td> <td><input type="radio"/> Housing</td> <td><input type="radio"/> Disabilities Assistance</td> <td><input type="radio"/> Literacy Class</td> </tr> <tr> <td><input type="radio"/> Relationship Enrichment</td> <td><input type="radio"/> Financial Literacy</td> <td colspan="2"><input type="radio"/> Support for Veterans & their families</td> </tr> <tr> <td><input type="radio"/> HIV/STI Testing</td> <td><input type="radio"/> Employment</td> <td colspan="2"><input type="radio"/> English as a Second Language (ESL)</td> </tr> <tr> <td colspan="4"><input type="radio"/> Other: _____</td> </tr> </table>					<input type="radio"/> Public Assistance	<input type="radio"/> Transportation	<input type="radio"/> Healthcare Assistance	<input type="radio"/> Counselling Support	<input type="radio"/> Childcare Assistance	<input type="radio"/> Housing	<input type="radio"/> Disabilities Assistance	<input type="radio"/> Literacy Class	<input type="radio"/> Relationship Enrichment	<input type="radio"/> Financial Literacy	<input type="radio"/> Support for Veterans & their families		<input type="radio"/> HIV/STI Testing	<input type="radio"/> Employment	<input type="radio"/> English as a Second Language (ESL)		<input type="radio"/> Other: _____			
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<input type="radio"/> Childcare Assistance	<input type="radio"/> Housing	<input type="radio"/> Disabilities Assistance	<input type="radio"/> Literacy Class																					
<input type="radio"/> Relationship Enrichment	<input type="radio"/> Financial Literacy	<input type="radio"/> Support for Veterans & their families																						
<input type="radio"/> HIV/STI Testing	<input type="radio"/> Employment	<input type="radio"/> English as a Second Language (ESL)																						
<input type="radio"/> Other: _____																								
<p>We aim to provide a safe and comfortable space for our program participants. Please let us know about any accommodations you may need while enrolled in our program:</p>																								



WestCare Pacific Islands, Inc (WC PI)



Maolek Na Lina'la (Life Is Good)

ID Number: _____

Permission Form (Informed Consent)

My son/daughter, _____, has my permission to participate in WestCare's Maolek Na Lina'la's (Life is Good) prevention program and evaluation/follow up processes during the _____, which is free of cost. I understand the program provides youth curriculum information on positive action by learning how to think and do positive actions through teaching principles of a healthy self-concept, positive actions for your mind and body, and self-management.

I understand the program curriculum and evaluation processes are delivered either face-to-face or through a virtual platform. In the virtual setting, the Positive Action curriculum will be delivered through video call on BlueJeans with additional applications such as Kahoot and Wooclap to enhance and provide feedback to the facilitators during the lessons and also provide an opportunity to interact through trivia games.

There will also be a pre- and post-test survey administered through an individual web link sent to each participant that will direct them to each Positive Action survey. One survey will be distributed before lesson one of the curriculum (pre-test survey) and one survey distributed immediately following the completion of the last lesson of the curriculum (post-test survey)

I have read and accepted the agreements that follow. I understand that I can contact the facilitator(s) **Kathryn Bisalen** at (671)687-4235 from Monday to Friday, 8:30am–5:30pm for any questions/concerns.

THE AGREEMENTS FOR PARTICIPATION IN GROUP:

- We keep it confidential. What is said here stays here.
- We respect each other. We respect each other's property.
- We have the right to pass.
- We speak for ourselves, and don't gossip.
- We listen to one another. If they ask for advice, I will offer any experiences I have that might help.
- We are honest.
- We let others speak until they are finished.
- There is no one right answer. We agree to disagree with respect.
- We show up to each meeting.
- Take off hats and sunglasses and turn cell phones off.
- If the facilitators believe any one of us is not safe due to abuse or a threat to ourselves or others, they will need to talk to our parents, guardians, or authorities to stop or prevent any harm to us.



WestCare Pacific Islands, Inc (WC PI)



Maolek Na Lina'la (Life Is Good)

THE AGREEMENTS FOR PARTICIPATION IN EVALUATION & FOLLOW UP:

- We are asking your son/daughter to complete surveys and in some cases a focus group *before* the group sessions begin and *after* the group sessions are completed.
- At each of the two time points (*before and after*), the surveys will take approximately 25 minutes and the focus group will take approximately 30 minutes.
- The risks of participating in the program are likely to be quite low. However, you should be aware that there is always a possibility of some risk or discomfort.
- The benefits of participating in the program are multifaceted: to provide middle to high school students and their parents/ guardians prevention services to delay the onset or prevent the use of alcohol or marijuana use, to improve character, social skills, self-management skills, mental health, and skills for setting and achieving goals for students.
- Participation in the evaluation/follow up component is voluntary. If at any time you feel uncomfortable with your son/daughter participating, you may discontinue their participation.
- Your son/daughter is not obligated to answer all questions on the surveys or focus groups and they may skip any questions they would like to skip.
- To ensure the confidentiality (privacy) of your son/daughter’s responses on the surveys, there will not be any identifying information on them, only an ID number.
- **There are only a few exceptions to confidentiality. According to law, the following are the few exceptions: “I understand that there are two exceptions to the promise of confidentiality. There are no questions on these forms related to these types of matters. However, please be aware that if information is revealed concerning suicide, homicide or child abuse and neglect, it is required by law that this be reported to the proper authorities. In addition, should any information contained in this study be the subject of a court order or lawful subpoena, our group may not be able to avoid compliance with the order or subpoena.”**

Again, I understand that I may contact the facilitator with questions or comments about the group sessions or the evaluation/follow up.

“I have read and understand the foregoing description of the WestCare Maolek Na Lina’La program. I have had the chance to ask any questions I have about my son/daughter’s participation. I agree to permit my son/daughter to participate in the program. I have received a copy of this consent form.” (Please sign below.)

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

(2nd parent signature when appropriate or necessary)

Facilitators: Provide one copy of this agreement to each parent so that they have your contact information.



WestCare Pacific Islands, Inc (WC PI)

Client Email/Texting Informed Consent Form

1. Risk of using email/texting

The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:

1. Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
2. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
3. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
4. Employers and on-line services have a right to inspect emails sent through their company systems.
5. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
6. Email and texts can be used as evidence in court.
7. Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

2. Conditions for the use of email and texts

The Research Assistant and Evaluation Team cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. The Research Assistant and Evaluation Team are not liable for improper disclosure of confidential information that is not caused by the Research Assistant or Evaluation Team's intentional misconduct. Clients/Parent's/Legal Guardians must acknowledge and consent to the following conditions:

1. Email and texting are not appropriate for urgent or emergency situations. Providers cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
2. Email and texts should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
3. All email will usually be printed and filed into the client's medical record. Texts may be printed and filed as well.
4. Provider will not forward client's/parent's/legal guardian's identifiable emails and/or texts without the client's/parent's/legal guardian's written consent, except as authorized by law.
5. Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.
6. Provider is not liable for breaches of confidentiality caused by the client or any third party.



WestCare Pacific Islands, Inc (WC PI)

7. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.

3. Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and/or texts between my Therapist/Counselor/Case Manager and me, and consent to the conditions and instructions outlined, as well as any other instructions that my Therapist/Counselor/Case Manager may impose to communicate with me by email or text

Client name *Youth's Full Name / Email Address*
& **Email:** _____

Client signature: *Youth's Signature* _____ Date: _____

Parent/Legal Guardian name *Parent/Guardian Full Name / Email Address*
& **Email:** _____

Parent/ Legal Guardian signature: *Parent/Guardian Signature* _____ Date: _____

Provider name: *Please Leave Blank* _____

Provider signature: *Please Leave Blank* _____ Date: _____



WestCare Pacific Islands, Inc (WC PI)

Individual Name: _____ **DOB:** _____
(Youth) Last Name First Name

Location Of Services (program/site of service): _____

Name of Media(s) (person/agency/social media platform) **and Purpose of Release:**

Photos/Still Images | To be used on official WPI social media platforms and other program promotion purposes only
NAME OF MEDIA PURPOSE OF RELEASE

Video | To be used on official WPI social media platforms and other program promotion purposes only
NAME OF MEDIA PURPOSE OF RELEASE

NAME OF MEDIA PURPOSE OF RELEASE

NAME OF MEDIA PURPOSE OF RELEASE

NAME OF MEDIA PURPOSE OF RELEASE

Definition of Media Release:

This release allows WestCare to use the information provided only for the purpose expressed above. This consent is voluntary and can be revoked at any time, with the exception of information which may have already been used. It is important to understand that with this release there are benefits and risks some of which, not limited to, are outlined below.

Potential Benefits:

1. Helps to publicize WestCare’s good works.
2. Can educate new staff, interns, students, potential donors, etc.
3. Can be an excellent way to promote the benefits of treatment.

Potential Risks:

1. Any time a person served’s photograph(s), name, video, and/or voice are used in publicity material there is the real danger of breaching confidentiality.
2. With disclosures to the media or other promotional outlets is that by definition they involve re-disclosure.
3. WestCare cannot guarantee that this information will not be discovered and distributed to additional media outlets therefore being re-disclosed.

By signing this form, I understand and agree to the following:

1. I acknowledge that I have been counseled on the risks of disclosing information to the media and that I fully understand these risks.
2. I understand that my consent is voluntary and can be revoked at any time, with the exception of information which may have already been used/shared.
3. I release WestCare from any and all liability, which may be the result of publicity, which identifies me as a person served by WestCare, or participant in any WestCare program in which I voluntarily participated in.

Youth’s Signature

Signature of Person Served (or Authorized Signer) **Date**

Parent/Guardian’s Signature

If Authorized Signer, relationship to Person Served: **Date**

Youth and/or Parent/Guardian’s Signature

Witness **Date**

I have been offered a copy of this consent form (person served or authorized signers initials) _____



CONSENT TO PARTICIPATE IN STEER



ABOUT THE PROGRAM

WestCare Pacific Islands' STEER (Stop Transmission through Education, Empowerment & Resources) is a 5-year program starting in October 2021. This project is funded by the Department of Health and Human Services - Substance Abuse and Mental Health Services Administration (SAMHSA). Grant Number: 1H79SP082097-01. It addresses behavior that may lead to you using alcohol or drugs, or getting HIV or Hepatitis. STEER tries to decrease risk-taking behavior, prevent alcohol and drug use, and improve school performance. It also encourages awareness of your HIV and Hepatitis status.

STEER program's goal(s) is to provide prevention education to 500 youth and young adults between the ages 15-24; provide HIV or Viral Hepatitis testing to 250 youth and young adults; and participate in community outreach and social media campaigns.

OUR PURPOSE IS TO

Create an environment free of stigma or fear. We are a safe space promoting happiness and health in the lives of our youth and young adults.

OUR MISSION IS THAT

We motivate and guide (youth) towards a path of a healthier future through education, empowerment, and partnerships within our community.

OUR VISION IS

A generation of youth equipped with the confidence, skills, and knowledge to effectively navigate through life.

PROCEDURE

The first step to enrolling in STEER is the intake evaluation. A staff member will ask questions about your life. Questions will be about your drug and alcohol use and risky behavior. There will be questions about your education, living situation, and illegal activity. You also will answer questions about your friends and family members, how you get along with them, and about the way you spend your free time. The interview usually takes about 1 hour.

You will receive substance use prevention education using a curriculum called PRIME for Life. Prime for life increases perceptions of the risks related to alcohol and other drugs, decreasing intentions to use alcohol and other drugs and increases the ability to self-identify potential substance-related problems. Prime For Life® provides a "judgment-free way of understanding how alcohol and drug-related problems develop, what we can do to prevent them, and why sometimes we need help. It shifts attitudes, beliefs, and risk perceptions, bringing behavior change within reach. It provides research-based information in an easy-to-understand format and teaches how we can

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apply that information in our own lives. It creates a unique self-assessment opportunity to enhance awareness of our values and what we might be risking."

While in the program, you also can have testing for HIV and Viral Hepatitis if you want. We will ~~use~~ ^{expect} to do the HIV and Viral Hepatitis tests. In about 20 minutes, you will know whether you were exposed to HIV or Hepatitis or not. You will receive special counseling before and after the test. If the test shows that you were exposed to HIV or Hepatitis, we will send it to a lab for more specialized testing. We also will refer you to some other services. The tests for HIV and Hepatitis are completely voluntary. You do not have to have it even if you want to have the group and individual sessions. If you want testing for HIV or Hepatitis, you will sign a different consent form.

As part of STEER, we will ask you to complete the questionnaires you did when you joined the program two more times. You will complete them when you finish the group and individual sessions and 3 months after that. This helps us to see how you are doing, for you to tell us if you are having any problems, and for us to help you get any services that you may need or want.

RISKS

You may lose some privacy by joining STEER. This is because you will share personal information. During the assessment, group, and/or individual sessions you may feel some discomfort or emotional stress. This is because you are discussing personal information.

If someone is abusing or neglecting you, if you are abusing or neglecting someone, or if you are in danger to yourself or someone else, the law requires that we must report this to the proper authorities.

CONFIDENTIALITY

Another risk is a breach of confidentiality. Anything you tell us is personal and confidential to the extent the law permits. The staff will discuss information about you only with each other. Authorized Village staff or staff from other agencies may review your records for audit purposes. They must follow confidentiality laws.

Staff cannot share information with family or friends. You must know about it and agreeing to it.

Federal laws protect the confidentiality of alcohol and drug abuse records that WestCare Pacific Islands keeps. Staff cannot tell someone outside the program that you are in the program. They also cannot give any information that suggests you use alcohol or drugs *UNLESS*:

You consent in writing.

A court order allows the disclosure; or

The disclosure is to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. You may report suspected violations to appropriate authorities in accordance with Federal regulations.

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Federal laws do not protect any information about a crime committed by you either at WestCare Pacific Islands or against any person who works for WestCare Pacific Islands or about any threat to commit such a crime.

Federal laws do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate State or local authorities.

BENEFITS

There is no guarantee that these services will benefit you. We cannot promise you any benefits from being in the program. However, you may experience some benefits. These may include decreasing your risky behavior or not using alcohol or drugs. You also may benefit by knowing if you were exposed to HIV or Hepatitis. You also may have improved access to community resources.

REIMBURSEMENT

You will not get any money for doing the intake evaluation, getting services, or completing the program.

COMPENSATION

If you get injured while getting services, treatment will be available in most cases. Money to pay for the treatment is not available. Money to pay for pain, losing wages, or other damages caused by injury is not available usually.

COSTS

There are no costs to you or your family for being in STEER.

RIGHT TO WITHDRAW

You have the right to ask questions at any time. You can skip any questions you do not want to answer. Your participation in the program is voluntary, and you may withdraw at any time. There will be no penalties should you choose to withdraw. If you choose not to participate or to withdraw from the program, The Village will not deny you other services if space is available and you are eligible for these services.

There is a difference between refusing to join STEER and refusing care from WestCare Pacific Islands. If you refuse care from WestCare Pacific Islands, we will make every effort to refer you to another service. If the court or a Judge ordered you into services, you also have the right to refuse. However, this may result in consequences from the court such as an order to another treatment or incarceration.

We encourage you to ask about anything you do not understand. We want you to consider this program and the consent form carefully before you agree to participate. You may take as much time as necessary to think it over.

PERSONS TO CONTACT

You have the right to ask questions about the consent or the program at any time. The Program Director or Prevention Specialist also may answer your questions at this time. If

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you have questions after you complete the interview or about your rights as a participant, you may contact Aja Ramos at 472.0218 ext. 111. You will receive a copy of the signed consent form.

I agree ____ I do not agree ____ to participate in STEER.

I read this consent form or

_____ read the consent form to me.
Staff Member Name

_____ and/or _____ explained the consent form to me.
Staff Member Name

Signature of Participant

Date

Signature of Parent (if Minor)

Date

Signature of Witness

Date



Project STEER

PARTICIPANT REGISTRATION PACKET

(To be completed by Parent/Legal Guardian for minors)



Please Return to WestCare

PARTICIPANT INFORMATION:			
Last Name	First Name	Date of Birth <i>MM / DD / YYYY</i>	Age
School Attending	Current Grade Level	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	
Do you have any allergies we should be aware of? If yes, please indicate allergy and any special instructions.			
Do you have any physical or behavioral health conditions we should be aware of? If so, please indicate which health condition and special conditions.			

PARENT INFORMATION (for minors)		
Parent/Legal Guardian Name:		Parent/Legal Guardian Name: (Optional)
Physical Address <i>House/Apt # Street</i> <i>Village</i>	Mailing Address <i>House/Apt # Street</i> <i>Village State Zip code</i>	E-mail Address

Funding for this project was provided by the USDHHS SAMHSA Grant: # 1H79SP08297. These services are available to all eligible persons, regardless of race, gender, age, disability, or religion.

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Primary Phone	Secondary Phone	Best Days/Times to Contact You
May we reach you and/or your Youth through Social Media? If so, please indicate username(s):		
Facebook:	Instagram:	Twitter:

(Continue to next page)

<i>In case of an emergency, please provide alternative contact(s)</i> <i>(For Minors: Please indicate the person(s) approved of picking up your child, other than yourself with a check mark [✓])</i>		
NAME	RELATIONSHIP	CONTACT NUMBER
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

WestCare Pacific Islands is committed to the well-being of families and the communities it serves. By selecting any of the following, we can assist in getting you connected to appropriate service providers:
(Select all that apply.)

Public Assistance
 Transportation
 Healthcare Assistance
 Counseling Support
 Childcare Assistance
 Housing
 Disabilities Assistance
 Literacy Class
 Relationship Enrichment
 Financial Literacy
 Employment
 HIV / STI Testing
 English as a Second Language (ESL)
 Support for Veterans & their Families
 Other: _____

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We aim to provide a safe and comfortable space for our program participants. Please let us know about any accommodations you may need while enrolled in our program:

I _____, Parent/Legal Guardian of _____ give consent for my youth to participate in the **Prevention Navigator: Project STEER program**. As Parent/Guardian/Participant, we have read and reviewed the rules and regulations stated above and discussed them with the participant. We understand and agree to abide by all the rules and regulations. Violation of any rules/regulations will be dealt with by immediate removal from the activity and/or event. We consent to participation in all program activities as scheduled. We agree to indemnify and hold WestCare Pacific Islands, its partners and sponsors harmless from and against all claims, damages, cause of action or other liabilities caused by my child's violation of any of these rules and regulations contained in this agreement.

Participant /Parent Signature (for minors)

Date

_____ Yes, I have received my copy of the **Project STEER Information Packet** and **Event Rules & Regulations**.

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I read this consent form or

_____ read the consent form to me.
Staff Member Name

_____ and/or _____ explained the consent form to me.
Staff Member Name

Signature of Participant

Date

Signature of Parent (if Minor)

Date

Signature of Witness

Date