



# MYNT: Mobilizing Youth to Nix Tobacco PARTICIPANT PACKET 2019 - 2020 COVER SHEET

## What is the Youth Leadership Institute (YLI)

YLI builds communities where young people and their adult allies come together to create positive social change. We design and implement community-based programs that provide youth with leadership skills in the area of prevention, philanthropy, and policy and civic engagement. Building on these real-world program experiences, YLI creates evidence-based curricula and training programs that enable us to engage in social change efforts across the nation, all while promoting best practices in the field of youth development.

## What is MYNT: Mobilizing Youth to Nix Tobacco?

MYNT is a community-based youth leadership coalition designed for youth and young adults to reform how the Tobacco Industry has targeted the African American Community and other priority populations in the Central Valley. This program is motivated by youth-adult partnerships to create opportunities to enhance and improve local communities in the Central Valley. Community service, social action activities, participation in advocacy for safe and healthy environments, and promotion of healthy policies are organized by youth with the support of adult allies to create positive changes and impact in their community.

## Why become a MYNT Coalition Member?

As a MYNT Coalition Member you will:

- *Develop an operation to create positive change in your community*
- Lead coalition meetings and training
- Have your voice and ideas heard
- Meet new people and have fun
- Develop important leadership skills
- Get practical experience that helps you get into college or get a job
- Be eligible to receive a scholarship for participating during the school year



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## How does it work?

**Youth Coalition Members will come together with adult staff to:**

- Build leadership skills, learn about the issues of Big Tobacco and organize community campaigns to reform how the Tobacco Industry has targeted the African American Community in the Central Valley
- Partner with other coalitions, staff, faith-based communities, to get messages out to students and parents about tobacco that actually work
- Develop a dynamic social media presence on Instagram, Twitter, Facebook, and YouTube
- Create impactful community events to educate the African-American Community of health-related issues caused by tobacco

**Attend and Participate at these scheduled events: (Some dates may be subject to change)**

- Red Ribbon Week: October 23-31, 2019
- Great American Smoke-out: November 21, 2019
- Black History Month: February 2020
- World No Tobacco Day: May 31, 2020
- Juneteenth: June 13, 2020
- California Youth Advocacy Network Leadership Camp: July 2020
- YLI Leadership Camp: August 2020

## What else do you need to know?

- Applications are due to the Program Coordinator on **Friday, September 6, 2019.**
- Only completed applications will be granted participation
- Applicants who fulfill their role as coalition members will receive a \$50 Gift Card for their participation

## Directions for Completing the Applications

- Answer all application questions
- Enclose signed Liability, Media, and Medical Release Form
- Enclose Parent Contact Form
- Enclose the Commitment Statement and Parent/Guardian Support Letter
- Please type or print clearly, Contact us (using the contact information below) if you would like to complete the application on a computer
- If more space is needed, feel free to attach additional sheets
- If you have any questions, contact First Name and Last Name Adult ally at email address or phone number.

## Have any Questions?

Contact your Program Coordinator, Ray Waller by email at [rwaller@yli.org](mailto:rwaller@yli.org) or call at (559) 313-0349.



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**MYNT COALITION APPLICATION 2019 - 2020**

<b>YLI Program Site (Check box):</b> <input type="checkbox"/> Fresno County <input type="checkbox"/> Madera County <input type="checkbox"/> Tulare County	
Program Name	<b>MYNT: Mobilizing Youth to Nix Tobacco</b>
Fiscal Year	<b>FY 19-20</b>
YLI Program Contact (Adult Ally)	

***Thank you for providing the following information to help the Youth Leadership Institute provide a safe, positive, and effective experience for all YLI participants.***

<b>PARTICIPANT INFORMATION</b>	
Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email	
<b>OPTIONAL INFORMATION</b> (for general demographic reporting)	
Birthdate (mm/dd/yyyy)	
Gender Identity	Male / Female / Transgender / Genderqueer/ Gender fluid/ _____
Sexual Orientation	
Gender Pronouns	
Ethnicity or Cultural Background	
Language Preference	



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Do you speak another language at home? (Please specify)	
Other home/school/community commitments	<input type="checkbox"/> Home commitment _____ <input type="checkbox"/> Other Programs _____ <input type="checkbox"/> Sports Teams _____ <input type="checkbox"/> Job/Work _____ <input type="checkbox"/> Other _____
What forms of Social Media do you use?	<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Snapchat <input type="checkbox"/> Instagram <input type="checkbox"/> None <input type="checkbox"/> Other _____
How will you get to MYNT Coalition Meetings?	<input type="checkbox"/> I drive <input type="checkbox"/> I take public transportation <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Ride from a friend <input type="checkbox"/> Ride from parent <input type="checkbox"/> Need a ride from an Adult Ally at YLI to get to and from youth meetings

CONTACT PREFERENCE	
What's the best way to communicate with you outside of a youth meeting?	<input type="checkbox"/> Text message <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Other _____
Do you prefer to receive a text message or a phone call via cell phone?	<input type="checkbox"/> Phone Call <input type="checkbox"/> Text message
How often do you check/respond to email?	<input type="checkbox"/> Several times per day <input type="checkbox"/> One time per day <input type="checkbox"/> A few times per week <input type="checkbox"/> Once a week <input type="checkbox"/> Not very often
How did you find out about YLI?	<input type="checkbox"/> Mentor <input type="checkbox"/> Teacher <input type="checkbox"/> Recruitment flyer at school/community <input type="checkbox"/> Other:



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<b>EDUCATIONAL BACKGROUND</b> (enrollment in school is not a requirement for program participation)	
Are you a student?	Yes / No
Grade (if attending school)	
Graduation date	
Name of recent school	
Favorite Class / Subject	
Class you need more support	

<b>EMPLOYMENT BACKGROUND</b> (employment is not a requirement for program participation)	
Are you employed?	Yes / No (if Yes, please complete the following)
Current employer (Please list if you have more than one job)	
Position Title	
Brief description of job responsibilities	



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<b>INTERNSHIP BACKGROUND</b> (intern experience is not a requirement for program participation)	
Have you ever been an intern?	Yes / No (if Yes, please complete the following)
Current or previous internship site	
Brief description of internship responsibilities	

<b>FUTURE CAREER PATH</b>	
In several brief sentences, please describe ideas for your future/desired career path.	
How can YLI support you to take the steps to achieve your future/desired career path?	
Do you have a resume? Y/N	
If N to previous question, would you like YLI to support you to develop a resume?	



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TOPIC ISSUES and SKILLS			
<p>What are some issues in your community that you care about? (Circle all that apply)</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           Food Justice            Transportation            Access to Healthy Food            Violence and Guns            Gentrification            Issues at School            Underage Drinking            Tobacco Access            Immigration            Juvenile Justice Issues            Social Justice         </td> <td style="width: 50%; vertical-align: top;">           Poverty            Pollution            Drugs            Sexual Health Education            Access to Health Care            Jobs and Employment            LGBTQ Issues            Racism              Other _____         </td> </tr> </table>	Food Justice Transportation Access to Healthy Food Violence and Guns Gentrification Issues at School Underage Drinking Tobacco Access Immigration Juvenile Justice Issues Social Justice	Poverty Pollution Drugs Sexual Health Education Access to Health Care Jobs and Employment LGBTQ Issues Racism  Other _____
Food Justice Transportation Access to Healthy Food Violence and Guns Gentrification Issues at School Underage Drinking Tobacco Access Immigration Juvenile Justice Issues Social Justice	Poverty Pollution Drugs Sexual Health Education Access to Health Care Jobs and Employment LGBTQ Issues Racism  Other _____		
<p>Where have you seen tobacco or e-cigs advertised? (ie: Cornerstore, Alleyways, Social Media, etc.)</p>			
<p>Do you have a family member or someone close to you who's been affected by tobacco-related health issues? If yes, explain how.</p>			
<p>What are skills you want to share with the coalition? What are the skills you want to develop?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Want to share:</b></td> <td style="width: 50%;"><b>Want to develop:</b></td> </tr> </table>	<b>Want to share:</b>	<b>Want to develop:</b>
<b>Want to share:</b>	<b>Want to develop:</b>		



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**LIABILITY, MEDIA, AND MEDICAL RELEASE FORM (Parent/guardian signature, or self signature if over 18)**

I HEREBY GIVE APPROVAL FOR \_\_\_\_\_ (YOUTH NAME) TO PARTICIPATE IN ALL ACTIVITIES ASSOCIATED WITH YOUTH LEADERSHIP INSTITUTE (YLI). I ASSUME ALL RISKS AND HAZARDS RELATED TO PARTICIPATION IN THE PROGRAM, INCLUDING TRANSPORTATION TO MEETINGS, OVERNIGHT RETREATS, MULTI-DAY CONFERENCES/CAMP AND OTHER YLI HOSTED EVENTS.

IN CONSIDERATION OF YOU ACCEPTING MY OR MY CHILD'S APPLICATION, I, THE UNDERSIGNED, HEREBY AGREE THAT NEITHER I, MY SUCCESSORS, ASSIGNS, NOR ANYONE ACTING ON MY BEHALF WILL MAKE CLAIM AGAINST OR SUE THE YOUTH LEADERSHIP INSTITUTE (YLI), ITS OFFICERS, AGENTS, EMPLOYEES, OR VOLUNTEERS FOR INJURY OR DAMAGE RESULTING FROM THE CONDITION OF ANY FACILITY, OR THE NEGLIGENCE, CARELESSNESS, OR OTHER ACTS, HOWSOEVER CAUSED BY YLI, ITS OFFICERS, AGENTS, EMPLOYEES, OR VOLUNTEERS FROM ALL CLAIMS OR LAWSUITS THAT I, MY SUCCESSORS, ASSIGNS, OR ANYONE ACTING ON MY BEHALF MAY NOW HAVE, OR MAY HEREAFTER AT ANY TIME HAVE FOR INJURY OR DAMAGE: (1) RESULTING FROM THE CONDITION OF ANY IMPROVED FACILITY WHICH HAS BEEN REASONABLY MAINTAINED; (2) RESULTING FROM THE CONDITION OF ANY UNIMPROVED FACILITY; (3) SUFFERED BY ME WHILE PARTICIPATING IN OR TRAVELING TO AND FROM THE EVENTS OR ACTIVITIES SET FORTH ABOVE; OR (4) SUFFERED BY ME IN ANY OTHER ACTIVITY ASSOCIATED WITH THE EVENT OR ACTIVITY AFOREMENTIONED. THIS RELEASE DOES NOT APPLY TO INTENTIONAL AND/OR WILLFUL ACTS OF MISCONDUCT BY YLI OR ANY OF ITS OFFICERS, AGENTS, EMPLOYEES OR VOLUNTEERS.

I UNDERSTAND THAT THIS AGREEMENT AND RELEASE OF LIABILITY IS ENFORCEABLE AGAINST ME ONLY, AS PARENT OR GUARDIAN OF SUCH MINOR, AND THAT SAID AGREEMENT AND RELEASE OF LIABILITY MAY NOT BE ENFORCED AS AGAINST SUCH MINOR. THEREFORE, IN FURTHER CONSIDERATION FOR PERMITTING SUCH MINOR TO PARTICIPATE IN THE AFOREMENTIONED ACTIVITIES, I AGREE TO DEFEND YLI ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS AGAINST ANY CLAIM OR LAWSUIT FOR INJURY, LOSS, OR DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH SUCH MINOR'S PARTICIPATION IN THE EVENT INCLUDING ANY INJURY, LOSS, OR DAMAGE RESULTING FROM , THE CONDITION OF ANY FACILITY OR FROM THE NEGLIGENCE, CARELESSNESS, OR OTHER ACTS OF YLI ITS OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS FROM ANY LOSS, DAMAGE, LIABILITY, COST OR EXPENSE THEY SUFFER AS A RESULT OF ANY SUCH CLAIM OR LAWSUIT.

IN THE EVENT, MY SON OR DAUGHTER, A MINOR, BECOMES ILL OR SUSTAINS AN INJURY WHILE IN THE CARE OR UNDER THE SUPERVISION OF THE YOUTH LEADERSHIP INSTITUTE STAFF, I GIVE MY PERMISSION TO ADMINISTER FIRST AID TO MY CHILD. IF I, (THE PARENT, THE LEGAL GUARDIAN), CANNOT BE CONTACTED IMMEDIATELY IN THE EVENT OF AN EMERGENCY, I AUTHORIZE YOUTH LEADERSHIP INSTITUTE STAFF TO CONSENT TO EMERGENCY HOSPITAL CARE FOR MY CHILD. SHOULD ANY ILLNESS OR ACCIDENT OCCUR TO HIM OR HER, I WILL NOT HOLD LIABLE THE REPRESENTATIVES OF YOUTH





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LEADERSHIP INSTITUTE OR ANY OF ITS STAFF OR PROGRAM INSTRUCTORS. I ASSUME FULL RESPONSIBILITY FOR ALL RELATED MEDICAL COSTS

I UNDERSTAND THAT YLI MAY PHOTOGRAPH OR VIDEOTAPE ME AND/OR MY MINOR CHILDREN AND THAT YLI MAY USE SUCH PHOTOGRAPHS OR VIDEOTAPES TO PROMOTE PROGRAMS. I EXPRESSLY ALLOW, AND HEREBY WAIVE ANY OBJECTION TO THE PHOTOGRAPHING AND/OR VIDEOTAPING OF ME AND/OR MY MINOR CHILDREN WHEN I AND/OR MINOR CHILDREN ARE PARTICIPATING IN A YLI PROGRAM. I UNDERSTAND ALL PHOTOS AND VIDEOTAPES WILL REMAIN IN THE PROPERTY OF YLI.

I ALSO GIVE THE YOUTH LEADERSHIP INSTITUTE STAFF THE RIGHT TO COPYRIGHT AND/OR PUBLISH, REPRODUCE, OR OTHERWISE USE MY CHILD'S NAME, VOICE, AND LIKENESS AND/OR WRITTEN MATERIAL, PHOTOGRAPHS, AND AUDIOVISUAL RECORDINGS ABOUT OR BY MY CHILD FOR INSTRUCTION, ART ADVERTISING, PROGRAM WEBSITE, PUBLICATIONS OR BROCHURES, OR ANY OTHER LAWFUL PURPOSE. I HEREBY AGREE TO RELINQUISH ALL RIGHTS, TITLE AND INTEREST I MAY HAVE IN THE FINISHED PRODUCT AND WAIVE ALL RIGHTS TO ANY COMPENSATION THEREOF.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND INDEMNITY, AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN YLI AND ME, AND I SIGN IT OF MY OWN FREE WILL.

<b>PARENT(S)/GUARDIAN(S)</b> (Required information if participant is under 18.)	
Name / Relationship	
Street Address	
City, ST ZIP	
Home Phone / Cell Phone	
Email	
Parent/Guardian's employer	
Name / Relationship	
Street Address	
City, ST ZIP	
Home Phone / Cell Phone	
Email	
Parent/Guardian's employer	



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**In case I cannot be reached please contact**

<b>EMERGENCY CONTACT INFORMATION</b> (This information will only be used in the event of an emergency.)	
Name / relationship	
Emergency phone number	
Healthcare provider name	
Healthcare provider phone	
Special medical conditions/ allergies/ medications	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



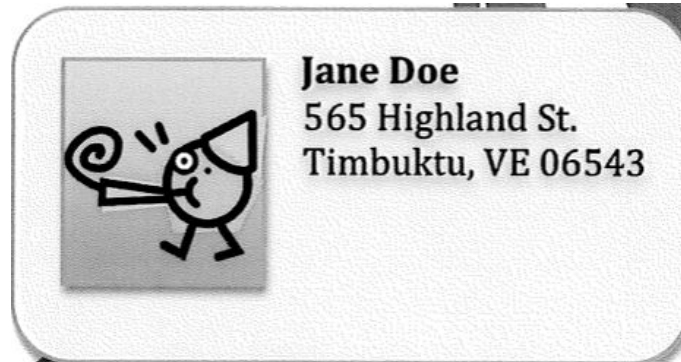
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**TO BE PROVIDED DURING STIPEND SET UP PHASE OF PROGRAMMING AS AN EXAMPLE  
SAMPLE OF ID AND SOCIAL SECURITY CARD**

Social Security Card



Photo ID- Driver License, School ID etc.





## FIELD TRIP CONSENT & RELEASE

This form from all Youth Leadership Institute programs inclusive of youth media hubs, THE KNOW (based in FRESNO), COACHELLA UNINCORPORATED (based in COACHELLA), WE'CED (based in MERCED) and VOICEWAVES (based in LONG BEACH) IS TO PROVIDE CONSENT FOR:

- My Acknowledgement of Personal Liability
- My Riding with Private Drivers Who Will Drive
- My Riding with Other Field Trip Participants Who Will Drive
- Me Driving and Transporting Other Field Trip Participants

### CONFIRMATION OF INFORMED PARTICIPATION

I, \_\_\_\_\_, agree to participate in the Youth Leadership Institute Field Trip ("Field Trip") to/for \_\_\_\_\_ ("activity") on \_\_\_\_\_ (dates) of my own free will.

I understand that this activity involves travel to \_\_\_\_\_ and from \_\_\_\_\_.

I also understand that this activity (check one):

Does involve overnight(s) stay

Does not involve staying overnight.

### CONDUCT DURING ACTIVITY - PERMISSIONS AND WAIVER

I understand that my participation in the activity is optional. I acknowledge my need to comply with the specific rules and requirements established for this activity by Youth Leadership Institute as well as all applicable local, state and federal regulations and laws. I understand that this is the same expectation for all participants during the course of the Field Trip. Any liability arising from damages/harm resulting from any of my personal conduct in relation to the Field Trip activity is hereby waived, with the exception of any direct liability as a direct result of gross negligence on the part of Youth Leadership Institute or its direct agents.

### TRANSPORTATION - PERMISSIONS AND WAIVER

I also understand that private drivers, which may include me, an administrator, or another participant in the activity, may be used to transport participants to and from the activity. The owner of the vehicle must carry all required



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active vehicle and bodily injury insurance and the driver must have a valid driver's license and must provide copies of insurance and driver's license documents to Youth Leadership Institute in advance of the field trip. I acknowledge that Youth Leadership Institute insurance does not cover damages arising from, or related to, the operation of any private vehicle, the failure to follow the directed driving route, or any personal negligence related to this activity. Any liability arising from damages/harm resulting from any participating driver, including Youth Leadership Institute administrators, arising from the operation of a motor vehicle in relation to the above listed activity, is hereby waived, with the exception of any direct liability as a direct result of gross negligence on the part of Youth Leadership Institute or its direct agents.

Please **initial** each of the three boxes to the left of each statement below to acknowledge your acceptance of the following permissions (all three must be initialed).

- I consent to the permissions and waivers as stated herein when I ride in a vehicle to and from the Field Trip activity with a participant driver.
- I consent to the permissions and waivers as stated herein when I transport other participants to and from the Field Trip activity.
- I consent to the permissions and waivers as stated herein when I ride in a vehicle driven by a Youth Leadership Institute administrator, private driver, or any other affiliated driver to and from the Field Trip activity.

**I also understand that I have the choice and right to refuse to sign this form if I so desire. In addition, I understand that if I decline to sign this form or if I exempt/exclude/cross out any of the waivers required, I will not be permitted to participate in the Field Trip activity.**

#### **ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER**

I also understand that my participating in this Field Trip may expose me some risks and I assume any such risk that may therefore arise from participation. I accept full responsibility for all medical expenses for any injuries that might occur to me as a result of my participation and conduct, with the exception of any direct liability as a direct result of gross negligence on the part of Youth Leadership Institute.



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By signing this form, I hereby release Youth Leadership Institute, its Board, its Board members, administrators, directors, officers, employees, agents, assigns, and volunteers (“Released Parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my failure to comply with Youth Leadership Institute rules and requirements and/or local, state, and federal laws and regulations, policies, and procedures; (b) arising out of my conduct and any damage or injury caused by me; or, (c) arising out of a designated driver’s operation of a motor vehicle in relation to this Field Trip activity. I also agree to indemnify and hold harmless all Released Parties from any released claims under the stipulations herein, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

#### **CONSENT AND RELEASE SIGNATURE**

I confirm that I have carefully read this CONSENT AND RELEASE form and agree to its terms knowingly and voluntarily. I also confirm that I am a participant that is 18 years or older or I am the parent or legal guardian of the Field Trip participant is under 18 years old and am confirming my consent on behalf of the participant.

I have signed this FIELD TRIP CONSENT AND RELEASE form this ( \_\_\_ / \_\_\_ / \_\_\_\_ ). This CONSENT AND RELEASE has been read and is understood by me (select only one).

Field Trip Participant (only if 18 years or older)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Parent/Legal Guardian (required if Field Trip participant is less than 18 years old)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



## Addendum A: YLI Program Participant Rights [From Employee Manual]

### PROGRAM PARTICIPANTS RIGHTS

1. Every core program participant has the right to privacy and confidentiality as protected in accordance with Title 42 Code of Federal Regulations (CFR). The only exceptions being the documentation of disclosures of child sexual or physical abuse, or intent to cause danger to self or others as mandated by the state.
2. Every core program participant has the right to participate in programs or services without being subject to discrimination on any basis, provided they meet with the reasonable qualifications of the program or sponsoring organizations. This includes the right to be free of discrimination on the basis of age, gender, sexual orientation, religion, creed, mental or physical disability, race, ethnicity or color, national origin, cultural background ancestry, veteran status, marital status, gender identity, domestic partner status, AIDS/HIV status, or relapse history.
3. Every core program participant has the right to considerate and respectful services, including the right to not be penalized for the beliefs they hold provided they do not violate the rights of others.
4. Every core program participant has the right to a safe, healthful and comfortable environment free from alcohol or drugs or harassment.
5. Every core program participant has the right to complete and accurate information regarding his/her/their participation in YLI programs including information regarding fees, program requirements and multi-agency involvement in service delivery.
6. Every core program participant has the right to access his/her/their own file. A written request must be submitted to the HR Manager. An appointment will be made for an accompanied review.

By signing you confirm that all participant's rights have been reviewed.

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Signature of the Participant

Date

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Signature of the Adult Ally

Date