



Berks Teens

Youth Ambassador Consent Forms

If you are under 18 years old, please have a parent / caregiver sign the following consent forms.

If you are 18 or older, please sign for yourself.

Dear Parent / Caregiver,

Your child is interested in becoming a Youth Ambassador for Berks Teens ("BT"). Berks Teens is an initiative of Co-County Wellness Services. Our goal is to reduce teen pregnancy in Berks County by 40% by 2022. Youth are very important to the success of our program. Youth Ambassadors benefit from Berks Teens by gaining a deeper understanding of adolescent sexual health, developing and strengthening their innate leadership qualities, creating friendships with other Youth Ambassadors and giving back to their community through peer education and volunteer hours.

*** If selected, weekly meetings will be held at times/locations agreed on by Youth Ambassadors and the YA Coordinator.**

Mission: The purpose of Berks Teens is for public and private stakeholders to work together to develop and implement a coordinated plan to sustain programs and practices to reduce teen pregnancy, leading to improved educational outcomes and long term well being of families and communities in Berks County.


Berks Teens Matter honors and values our diverse community. We believe the following:

- Parents and caregivers should be the primary sexuality educators. Community programs, medical institutions, schools, and religious institutions should assist families while respecting values within the home and community.
- The most effective teen pregnancy prevention initiatives are intentionally designed, nonjudgmental, involve parents and youth, respect the rights and capabilities of youth, and engage all segments of the community.
- The most effective teen pregnancy prevention programs are developmentally appropriate, culturally sensitive, medically accurate, comprehensive in approach and link youth to accessible clinical services.
- Youth should be respected for their unique traits and characteristics and empowered to take control of their own reproductive health and wellness.
- Youth, regardless of gender, are equally responsible for making decisions about sexual activity and preventing pregnancy.
- Investing in teen pregnancy prevention by partnering with all sectors of the community supports the development of healthy families and strengthens communities.

Parent / Caregiver Signature

Date

Please give your signed application to our HRC and Youth Coordinator, Genesis Santiago, at yacoordinator@berksteensmatter.org, or print it out and drop it off at the Health Resource Center in the nurse's office - door #5



Berks Teens

Photography Release

Berks Teens
An Initiative of Co County Wellness Services
429 Walnut St., Reading, PA 19603
(610) 375-6523
www.berksteens.org

I hereby authorize Berks Teens ("BT"), an initiative of Co County Wellness Services, to publish photographs taken of the minor listed on this document, and their name and likeness, for use in BT's print, online, and video-based marketing materials.

I hereby release and hold harmless BT from any reasonable expectation of privacy or confidentiality for myself or the minor listed associated with the images specified above.

I further acknowledge that their participation is voluntary and that neither I, nor the minor, will receive financial compensation of any type associated with the taking or publishing of these photographs or participation in BT marketing materials or publications. I acknowledge and agree that publication of said photos confers no rights or ownership or royalties whatsoever.

Authorization for Minor

() I am the parent / legal guardian of _____


Child's Full Name

Your Printed Name: _____

Signature: _____



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Berks Teens

Transportation Waiver and Release For Berks Teens Youth Ambassadors

The undersigned, _____, acknowledges that he/she is a Youth Ambassador for Berks Teens ("BT") or is the parent or legal guardian of such a Youth Ambassador; and he/she hereby waives any and all claims or causes of action regarding the transportation of a BT participant to or from an activity related to BT and hereby releases and holds harmless and indemnifies BT from and against, any and all claims, losses and damages that may incur that arise out of the transportation of the participant to or from an activity related to BT by the BT Youth Ambassador.

The undersigned further acknowledges that the Youth Ambassador is not an employee of BT and that this Waiver and Release does not constitute a contract or an agreement of employment and that the activities described herein do not create an employment relationship with BT. The undersigned agrees that the Youth Ambassador shall maintain a valid, active driver's license and that the vehicle he/she intends to use to transport the individuals identified above is and will at all times continue to be fully insured for property damage and injury covering him/her and such passengers, and that he/she will provide a current valid driver's license and evidence of insurance to BT, upon request.

Date: _____

Printed Name of Youth Ambassador: _____

Signature of Parent / Legal Guardian of Youth Ambassador: _____

Signature of Youth Ambassador: _____

If 18 years or older

Please give your signed application to our HRC and Youth Coordinator, Genesis Santiago, at yacoordinator@berksteensmatter.org, or print it out and drop it off at the Health Resource Center in the nurse's office - door #5