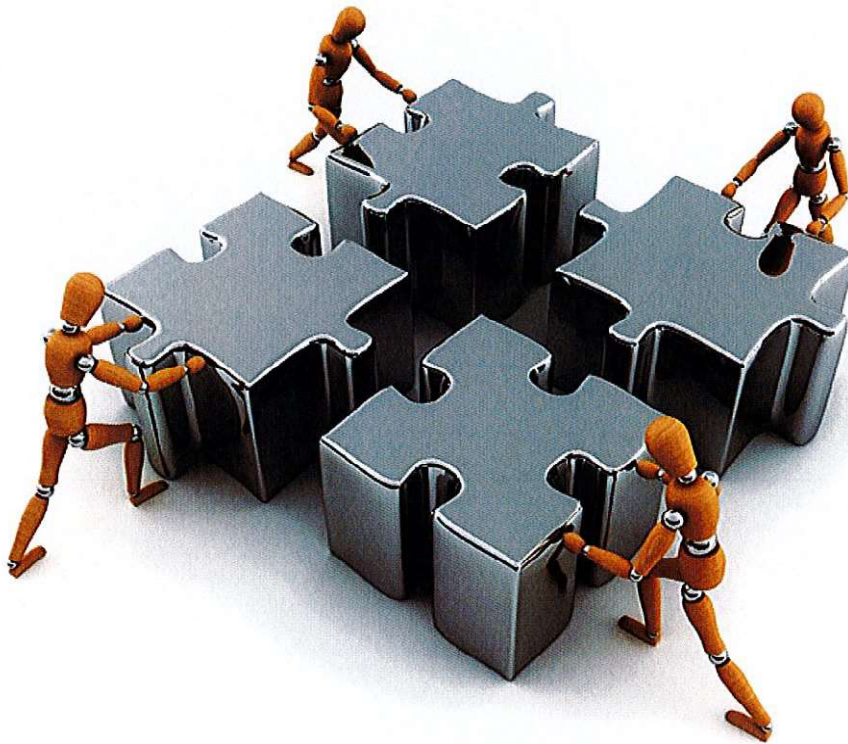


ACFSO

ATLANTIC CAPE FAMILY
SUPPORT ORGANIZATION, INC.

950 Tilton Rd. Suite # 108 Northfield, NJ 08225
phone: 609.485.0575

Youth Partnership



MISSION...

Our goal is to be a productive member of our community.

We would like to change the way the community views youth with emotional, mental health and behavioral challenges.

We feel we can do this through educating ourselves our peers and the community about our challenges that we face every day.

We would like to turn the negative stereotypes into positive images through community service.

We feel that we can be positive, productive members of our community through volunteering and education.

MEMBERSHIP REQUIREMENTS: [Care Giver is to attend the youth's first meeting]

- Be a youth between the ages of 13-21 from Atlantic and Cape May counties.
- Have experience with the children's system of care
- Interested to do positive things in the community.
- An interest to advocate, educate, and reduce stigma for yourself and others who have emotional and behavioral challenges.
- Be a youth who respects the Standards of Conduct
- Attends meetings consistently but at least one meeting a month.
- Participate in community service activities.

STANDARD OF CONDUCT:

- **Be kind and respect others at all times. All forms of bullying are strictly prohibited.**
- **Keep conversations positive and confidential; No side conversations**
- **We will not argue with others or swear and/or use curse words.**
- **We will wear appropriate clothing that is not offensive or provocative.**
- **We will not use cigarettes, drugs, and/or alcohol while at a meeting or YP activity.**
- **We will not leave a meeting without permission.**
- **No physical contact with others**
- **All weapons of any kind are strictly prohibited.**
- **If you cannot attend a meeting due to work or sports, just let a facilitator know, we will understand.**

PURPOSE:

Youth Partnership is an advocacy organization formed for and run by, youth with mental, emotional, and behavioral challenges.

- ✚ To educate communities and organizations about mental health concerns affecting youth.
- ✚ To discover the strengths and creative spirit within every youth.
- ✚ To support each other, learn and grow in a safe environment.
- ✚ To develop communication, new social and problems solving skills.
- ✚ To find joy and the benefits of helping others.
- ✚ To gain self-confidence and learn personal responsibility.
- ✚ To be positive, contributing members of our families and the community.
- ✚ To gain greater understanding and appreciation of people with similar and diverse backgrounds
- ✚ To advocate for a stigma free community and attend leadership building retreats

BYLAWS:

YP Membership: YP members are encouraged to participate in the planning of meetings and activities. YP members should share their ideas and suggestions with the YP Coaches.

Meetings: Meetings shall be conducted and facilitated by the YP Coaches with sufficient opportunities for youth to express and share their thoughts and ideas. Any concerns shall be brought to the attention of one of the Youth Coaches. All members must respect the process of the meetings. Excuse yourself appropriately.

Supervision: Supervision is minimal at meetings, conference, and planned events. The Youth Partnership is not childcare. The Youth Coaches and participating members are not responsible for those who choose to leave meetings, planned events, and/or activities unannounced. If a member does leave any event without permission they will be asked to return to the group with a parent or mentor. Regular group privileges can be earned back

Transportation: Transportation to meetings is the responsibility of members. Unless carpool arrangements are made previously with other youth traveling to meeting, it is the responsibility of participating youth, care manager, parents, caregiver, or mentor to make their own transportation arrangements. Transportation MAY be provided by the ACFSO but only as a last resort AND if notice is provided to the Youth Coach at least 24 hours in advance of the meeting.

Helping Others: Youth are also required to volunteer to help others four times a year. Participants must attend one meeting a month to qualify for the special events and other activities.

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Parent/Guardian Information

[For Emergency Information]

Name:	Home #
Address:	Work #
	Cell #
	Email:
Signature:	Date:

Youth Information:

Name:	Home #
Address:	Cell #
	Date of Birth:
	Email:
Signature:	Date:

Other parent we can contact [if applicable]:

Parent Name	Home #
Address:	
	Cell #
	Email:

Allergies [Food/Medication, etc]: _____

Medication: _____

Youth's Care Manager: _____

Youth's Behavioral Assistant: _____

*** PLEASE PROVIDE A COPY OF CURRENT INSURANCE CARD!**

List any concerns we should know: _____

I understand that the youth are responsible for taking own medications, in the correct dosage & proper time and we have read all the by-laws including the “Standards of Conduct” and agree to them and will participate in ACFSO activities:

Signature of Youth: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

**ATLANTIC CAPE FAMILY SUPPORT ORGANIZATION
YOUTH PARTNERSHIP ORGANIZATION
WAIVER, RELEASE AND INDEMNITY AGREEMENT**

In consideration for _____ (“Participant”) being permitted to participate in any/all ACFSO Youth Partnership events, and intending to be legally bound, I/we agree that:

1. The Participant may travel with the Youth Partnership of the Atlantic Cape Family Support Organization to any/all events. I/we understand that all traveling arrangements, meals and accommodations will be funded through the Youth Partnership of the Atlantic Cape Family Support Organization. Additional expenditures will be my/our responsibility.
2. I/we understand that it is the responsibility of the Participant to take any prescribed medications as scheduled and that the Youth Partnership of the Atlantic Cape Family Support Organization and any of its affiliates, and their agents, employees, officers and directors will not be responsible or liable for dispensing any medications or for the failure of the Participant to take medications or any medical complications associated with the nonuse of such medications.
3. In the event that emergency medical care is necessary, I/we agree the Youth Partnership of the Atlantic Cape Family Support Organization may make arrangements to transport the Participant to the nearest medical facility to provide such emergency care as may be needed. I/we understand that we shall be responsible for the cost of any such care.
4. I/we understand that, if there are extreme behavioral problems that are deemed unmanageable in the sole discretion of the Youth Partnership of the Atlantic Cape Family Support Organization or any employee or agent of the Youth Partnership of the Atlantic Cape Family Support Organization it shall be my/our responsibility to pick up the participant at the event. The expenses associated with such transportation arrangements shall be my/our responsibility.
5. I/we hereby assume any risk of personal or bodily injury, including death, and damage to property. I/we waive and release the Youth Partnership of the Atlantic Cape Family Support Organization from any claim for injury or damage to me/us or the Participant and agree to indemnify and hold the Youth Partnership of the Atlantic Cape Family Support Organization harmless from any claim, damage, liability or cost, including attorney fees, arising directly or indirectly in connection with any/all events.
6. I/we make the agreements of this document on behalf of myself/ourselves, our personal representatives, heirs, executors and assigns.
7. I/we have read and voluntarily signed this waiver, Release and Indemnity Agreement and agree that no oral representations, statements or inducement apart from the foregoing written Agreement have been made.

The undersigned Participant has read the foregoing Agreement and personally agrees to its terms:

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

Name Parent/Guardian (please print) _____

Signature Youth _____ **Date:** _____