



TOBACCO ENFORCEMENT PROGRAM

Youth Consent Form

FY 2008

Youth Participant's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone Number _____ **Date of Birth** _____

Social Security Number _____ **Gender** _____

Youth's Driver License or Identification Card No. _____

- ▶ I understand my participation is voluntary and I will be under the supervision of an enforcement officer at all times.
- ▶ I understand it is essential to maintain the confidential nature of the program, therefore ensuring the effectiveness, accuracy and validity of the outcome.
- ▶ I understand my participation in the project can be terminated at any time by myself, a parent or the local law enforcement agency.
- ▶ I understand compliance checks may result in the purchase of tobacco products. I understand tobacco products will be treated as evidence and maintained by the enforcement agency. I understand tobacco retailers in violation of minimum-age tobacco laws may receive citations that result in monetary fines, suspension or revocation of their license and that I may be asked to participate in the adjudication process.
- ▶ I understand the success of the project is not dependent on making successful, illegal purchases.

My signature on this document verifies my willingness to participate in the project and to follow the rules and procedures outlined in the training.

Youth Signature _____ **Date** _____

I have read the Program Procedures and Youth Participant Guidelines and give my permission for my child to participate in this project.

Parent/Guardian Signature _____ **Date** _____

Program Coordinator _____ **Date** _____