

Code of Conduct



As a member of the CFY Youth Coalition:

- I understand that CFY Youth Coalition opportunities are sponsored by Collaborating For Youth- a “Drug Free Community Coalition.” I agree that I will not possess or use alcohol, tobacco (including e-cigarettes and vaping products), or other drugs
- I will treat all participants and property respectfully. Therefore, I will not engage in profane language, fighting, pushing, physical or verbal abuse, bullying, gossiping, exclusionary tactics, or the destruction of property. I will follow all rules established for privacy and personal safety including where appropriate those rules are established for (dressing, showering, sleeping, swimming, etc.).
- I will always practice safety. I will behave in a manner that does not jeopardize the safety of myself or others.
- I understand and agree that CFY staff have the right to speak to my parents/guardians about situations which may pose a threat to my safety and wellbeing as well as when my actions may cause harm to others.
- I will respect the hosts, partners, and supporters of all our activities throughout the year by following all rules, regulations, and requests including those related to the use of electronics and medications.
- I understand that CFY staff and volunteers are mandated reporters of child abuse and are required by the law to report any alleged abuse that they may become aware of.

As being a part of the CFY Youth Coalition, you are viewed as a leader in the community. Our hope is that you will take this opportunity to demonstrate your skills and commitment to be a positive influence around others. In the unlikely event that this opportunity is not a good match for you, you may be asked to leave the CFY Youth Coalition and/or activities.

I have read the above Code of Conduct and agree to abide by it:

Name (please print)

Signature

Date

Parent/Guardian Print
(If under the age of 18)

Signature

Date

Media Release



As a member or supporter / adviser of the CFY Youth Coalition, I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, video and audio tapes of myself by Collaborating For Youth (CFY) and its agents, for record keeping and the promotion of CFY and the CFY Youth Coalition. I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I also hereby release CFY and its agents and employees from all claims, demands, and liabilities in connection with the above, unless it can be shown that recording and/or reproduction was done with malicious intent.

Participant Signature

Date

(If youth is under 18, Parent/Guardian signatures are required below)

Required Parent/Guardian Signature:

I hereby certify that I am the parent or legal guardian of the youth participant named above and do give my consent, without reservation, to the foregoing and agree to hold harmless the aforementioned from any liability.

Parent/Guardian Signature

Date

Hold Harmless Form



Name: _____

Phone: _____

Address: _____
(Street) (City) (State) (Zip code)

This release limits your rights to recover damages in case of an injury or accident.

Read Before Signing:

In applying to participate in year-round activities with Collaborating For Youth and the CFY Youth Coalition including participation in the 2020-2021 CFY Youth Coalition Leadership Camp, I am acknowledging that I am aware of the types of physical demands that I will be asked to participate in, and that I am physically fit for these activities. I will comply with all rules and regulations, note existing conditions and voluntarily agree to assume all risks arising from conditions related to the activities, by myself or others. In consideration of my acceptance for entry, I, intending to be legally bound hereby, for myself, my heirs, executors and administrators, hold harmless and release and forever discharge Collaborating For Youth, The Center For Youth & Community Development, their members, agents and other officials, from any and all liability for claims for personal injury, accidents, illness (including death), property damage or other losses arising from my participation, including CFY staff & volunteers providing me with transportation to and from activities, except for any damages caused by the intentional, willful or wanton conduct of the Center for Youth and Community Development officers, employees, agents, or representatives. I agree and hold harmless CFY staff and volunteers, who discuss any incident, with my parents or legal guardian, that they judge poses a threat to my wellbeing, or where my actions threaten another.

Participant Signature

Date

(If youth is under 18, Parent/Guardian signatures are required below)

Required Parent/Guardian Signatures:

I hereby certify that I am the parent or legal guardian of the youth participant named above and do give my consent, without reservation, to the foregoing and agree to hold harmless the aforementioned from any liability.

Parent/Guardian Signature

Date

In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic or hospital to secure proper treatment and to order injection or anesthesia for my youth as named above. I hereby state that my youth is free from all communicable diseases and has not been treated for any such diseases within the past six months.

Parent/Guardian Signature

Date

CFY Youth Coalition Youth Health Information

COLLABORATING

Doing what works
in Adams County

FOR YOUTH

Name of youth: _____ Date: _____

Doctor's name: _____ Phone #: _____-_____-_____

**Please attach a copy of the YOUTH's INSURANCE CARD,
PARENT's INSURANCE CARD, or MILITARY ID CARD.**

Physical Information:

My Child's health is (Circle one): **Excellent** **Good** **Fair** **Poor**

Physical Conditions (Please note conditions that may limit your child's participation and symptoms that may help us identify problems (i.e. previous heat injuries):

Food Allergies: _____ Signs/Symptoms: _____

Drug Allergies: _____ Signs/Symptoms: _____

Insect Bites: _____ Signs/Symptoms: _____

Other Allergies: _____ Signs/Symptoms: _____

Prone to HA: _____ Signs/Symptoms: _____

Prone to ADD: _____ Signs/Symptoms: _____

Asthma: _____ Signs/Symptoms: _____

Diabetes: _____ Signs/Symptoms: _____

Seizures: _____ Signs/Symptoms: _____

Other: _____

Medications: *(that your child takes daily)*

Name of Medication	Dosage	Purpose of Medication

Parent/Guardian Name *(print)*: _____

Parent/Guardian Signature: _____ Date: _____

Youth/Participant name *(print)*: _____

Youth/Participant Signature: _____ Date: _____

Emergency Contact Information

Emergency Contact #1 _____

Phone number(s) _____
(Home) (Work) (Cell)

Emergency Contact #2 _____

Phone number(s) _____
(Home) (Work) (Cell)

Coronavirus/COVID19 Waiver



Coronavirus/COVID19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend wearing masks and social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in activities with Collaborating For Youth and the CFY Youth Coalition could increase the risk of contracting COVID-19. Collaborating For Youth in no way warrants that COVID-19 infection will not occur through participation in Collaborating For Youth/Youth Coalition activities, during its programs, or its facility.

I hereby certify on behalf of myself and the named youth that I have full knowledge of the nature and extent of the risks inherent in participating in Collaborating For Youth and Youth Coalition activities. I, on behalf of myself and the named youth, am voluntarily assuming said risks and agree to give consent of participation which may include keeping social distance and wearing an appropriate mask.

I further certify that the named youth is in good health and has no conditions or impairments which would preclude his/her safe participation in Collaborating For Youth and Youth Coalition activities.

As such, I give consent to named youth to have temperature checks done by Collaborating For Youth staff and to have said youth sign off they are symptom free. In the event of symptoms including but not limited to fever, body aches, chills, coughing, shortness of breath, sore throat, nausea/vomiting, fatigue, loss of smell or taste, congestion/runny nose, and diarrhea, you may be asked to leave the facility or Collaborating For Youth related event/activity.

Participant Signature

Date

(If youth is under 18, Parent/Guardian signatures are required below)

Required Parent/Guardian Signatures:

Parent/Guardian Signature

Date



Core Values in Communication

Respect. Respect your fellow peers and work meaningfully to avoid personality conflicts, gossip, and confrontations.

Creativity. Be bold and creative! Respect other peers and their creativity/imagination.

Strength Based. Each youth is different and unique in their own way. Personal strengths are utilized, nurtured, and supported.

Open Communication. Youth have the freedom to contribute ideas and alternated views. There is an “Open Door” policy with the Youth Director at Collaborating For Youth. Open communication is the key to building success.

Knowledge Access. Youth have the access to data and information.

Encouragement. Youth Coalition members encourage each other and offer positivity.

Clarity. Youth understand the direction the Youth Coalition/Collaborating For Youth is headed. The mission, goals, and strategies are clearly articulated and understood.

Learning. Everyone is always learning and growing. This is especially important to youth. The Youth Coalition will always be learning, growing, and maturing with the activities involved. Youth trainings and seminars may be offered.

Relationships. Youth work better when they feel they have quality, supportive, and energizing relationships with their fellow peers. Let’s build more positive, impactful, relationships!

Fairness. Youth Coalition members are held to a standard and fairness across the board.

Contribution. Throughout the year, there are many activities that the Youth Coalition participate in. This is how youth get recognized for their accomplishments! It is asked that youth contribute to participating in these activities.

Culture Awareness. Collaborating For Youth/Youth Coalition is a positive environment. Youth Coalition members are to be aware of another student’s culture. Having an open mind is one way of building leadership skills!

After reading through Collaborating For Youth’s core values in communication, please print and sign as you acknowledge these values.

Participant (Print) _____

Date: _____

Signature: _____

Date: _____

CFY Youth Coalition

Dress Code



General Information

As a member of the CFY Youth Coalition, you are recognized as a “Youth Adult Leader” within the community, county, and even state. Dressing appropriately demonstrates an understanding of what it means to be a Youth Leader. Throughout the year there will be various activities and events where community members will get to witness Youth Coalition member’s leadership skills on display.

Some of the activities include:

- Adams County Courthouse Proclamations
- Meet & Greet with State Representatives
- Community Conversations & Town Hall Meetings
- Collaborating For Youth Board Meetings
- Medicine Take Back
- Project Sticker Shock
- Community Events/Festivals/Service Projects
- County Wide Youth Coalition Meetings
- Youth Conferences/Trainings/Seminars
- Any other Collaborating For Youth sponsored event

Inappropriate Dress

Youth Coalition members are considered “Yong Adult Leaders” in the community and are held to a high standard. It is always better to error on the side of caution when thinking about what to wear to an event or activity. Should an article of clothing be in question, Collaborating For Youth staff have the right to ask the student to change. In the case they cannot change, the youth may not be able to participate in the event or activity. Below are some examples of what inappropriate dresswear includes:

- Spaghetti-strap or low-cut tops, belly shirts, tank tops, or apparel that does not cover the midriff/undergarments
- Short shorts
- Excessive ripped shorts or jeans
- Loose fitting or low riding pants/shorts. Loose fitting or ripped clothing may be hazardous during various activities. Clothing should fit comfortably!

After reading through the CFY Youth Coalition Dress Code, please print and sign as you acknowledge wearing appropriate dresswear.

Name: (Print) _____

Date: _____

Signature: _____

Date: _____