

# VOLUNTEER/STAFF/CHAPERONE CONSENT FORM

CRIHB & NPAIHB Board of Directors Joint Quarterly Board Meeting:

Youth Leadership Workshop

July 18 - 20, 2017

## Please read the following carefully before you sign:

- I give permission to projects at the Northwest Portland Area Indian Health Board (NPAIHB) and any of the facilitating organizations to use my image (photographs, videos, audio) and any quotes I may provide for positive program publicity and other educational purposes. I understand that these may be used in the newspaper, TV and radio announcements, reports/publications, and educational films.
- I agree to be drug and alcohol free throughout the entire Workshop/Board Meeting. If I use tobacco I will only smoke in designated smoking areas that are not in view of any youth participant's and only during appropriate break times. If these rules are broken, I will be asked to leave.
- If I am a chaperone, I agree to be present and take part in the entire workshop, and to assist the youth participants when needed. I understand that I am ultimately the person responsible for the youth I brought to the Workshop although I may assist with the chaperoning of youth from other areas as well.
- I will use appropriate language and model honorable behavior, such as respect, integrity, honesty, and excellence. Profanity or sexualized language or jokes are inappropriate when working with youth, regardless whether it occurs face-to-face or by any other means.
- I understand that staff/volunteers/chaperones must take particular care when touching youth. Most adults understand the difference between appropriate physical contact such as a handshake or pat on the back, and contact that is sexual or disrespectful. Staff/volunteers/chaperones also must be cognizant of how any physical contact may be perceived.
- I understand that interactions with youth must both **be** appropriate and **appear** appropriate. It is expected that volunteer interactions with teens are at all times appropriate and professional. It is expected that adults will not act as a teens' counselor or advisor unless authorized or licensed to do so.
- I understand that staff/volunteers/chaperones are responsible for the quality of interactions. Youth often find it difficult to state discomfort or objections. Staff/volunteers/chaperones must be especially sensitive to physical and verbal cues that youth provide.
- I agree to try my best to keep youth respectful of workshop attendees & facilities. **Bullying** is NOT allowed.
- If I am a chaperone, I agree to escort youth if they choose to be part of activities around the area during the evening hours.
- I understand that the ratio of chaperones to youth must be 1 or 2:5.
- I understand that Workshop staff from the NPAIHB and CRIHB, and any facilitators are not responsible for lost youth or youth that choose to stray from the conference facilities.
- I certify to the best of my knowledge and belief that all of my statements and answers are true, correct, complete, and made in good faith.
- **Adults 18+ must complete a background check (paid for by NPAIHB) - or - submit a letter from your organization which states that you have completed a background check.** Please provide your full legal name and email address below and *HireRight* will send you an email with "Northwest Portland Area Indian Health Board Background Verification Request" in the subject line. Please submit information to HireRight via the link in the email ASAP as NPAIHB will not be able to allow any adults in the Workshop who have not completed the background check. Results are sent to the NPAIHB 2-3 days after the adult completes the submission to HireRight.

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

Printed Legal Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please send completed forms to the NPAIHB by fax or email by Wednesday, June 14, 2017. If you have any questions or concerns regarding the chaperone form, please contact Nanette Star Yandell at [nyandell@npaihb.org](mailto:nyandell@npaihb.org) or (503) 416-3254. Fax attn: Nanette Star 503.228.4801 or email to [nyandell@npaihb.org](mailto:nyandell@npaihb.org).

\*Updated March 21, 2017

Attending with which group/tribe/Organization: \_\_\_\_\_

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