



Teen Volunteer Opportunity Pima County Counter Strike Program



In partnership with the Attorney General's office and the Department of Public Safety (DPS) the Health Department ensures that establishments that sell tobacco products are not selling to minors under the age of 18. Once or twice per month teen volunteers (ages 14 – 17), accompanied by an undercover DPS officer and Health Department staff visit establishments that sell tobacco products in Pima County and the teen volunteers try to purchase tobacco products, using their real Arizona State ID. If the clerk sells to them, the clerk and the establishment get a fine.

This volunteer program is a great way for students to get community service hours for school and will boost future job and college applications. It is also a lot of fun! Currently we are doing inspections in the afternoon and evenings. Transportation is provided for the teen volunteers by the Pima County Health Department.

In order to participate in this program, the teen and their parents must fill out a volunteer application form and the teen must have a valid ID (Arizona State ID, driver's license or passport). Please mail or turn in your completed application Jazmin Villavicencio/ Pima County Health Department/ Tobacco and Chronic Disease Prevention/ 3950 S. Country Club/ Tucson, AZ 85714.

For teens and parents interested in more information about the program, please call Jazmin Villavicencio, Sr. Health Educator at (520) 724-7940 or email CounterStrike@pima.gov.

Instructions on obtaining an Arizona State ID

For more information on obtaining an Arizona State ID, visit the motor vehicle department at <http://www.azdot.gov/mvd/> .

The cost is currently \$12.

Locations and hours are as follows:

MVD East:	MVD West:
1360 South Stocker Dr.	3565 S. Broadmont Dr.
(520) 629-9808	(520) 629-9808
Monday- Friday	Tuesday – Saturday
8:00am – 5:00pm	8:00am – 5:00pm



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YOUTH VOLUNTEER APPLICATION

ARIZONA ATTORNEY GENERAL'S OFFICE YOUTH TOBACCO PROGRAM

Name: _____

YV# _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address: _____

Age: _____

Date of Birth: _____

Name of high school and city where located: _____

What days and hours are you available to participate in the program? _____

List fluent languages other than English: _____

Have you ever participated in any undercover tobacco/liquor inspections or investigations or law enforcement activities? If yes, please describe: _____

Have you participated in any employment, community and/or school activities that relate to tobacco education and prevention? If yes, please describe: _____

Do you have a driver's license or driver's permit? If yes, which one: _____

Would you agree to showing your driver's license if a clerk asks to see your ID during a compliance inspection? Yes ___ No ___

Have you ever smoked? Yes ___ No ___

If yes, do you currently smoke/use tobacco? Yes ___ No ___

If no, when did you quit (last smoke)? _____

If yes, which: _____

Name of parent/guardian: _____

Address for parent/guardian (if different from above): _____

Telephone number for parent/guardian: _____

Signature of Applicant

Date

YOUTH VOLUNTEER PARTICIPATION AGREEMENT

ARIZONA ATTORNEY GENERAL'S OFFICE YOUTH TOBACCO PROGRAM

As a volunteer with the Arizona Attorney General's Office Youth Tobacco Program ("Program"), I agree to follow all Program policies and procedures. Although my participation in the Program is entirely voluntary, I understand that I must follow Program policies to remain an active volunteer. By signing this document, I agree to the following:

- I agree to follow all established inspection procedures and all directions given to me by my supervising officer/special agent.
- I agree not to attempt to conduct undercover inspections of retailers on my own. I will only attempt to purchase tobacco products if an officer/special agent participating in the Program is either inside the store or immediately outside.
- I understand that it is illegal for a minor to possess tobacco products. I agree not to possess or attempt to purchase any tobacco product unless I am directed to do so by a law enforcement officer/special agent participating in the Program.
- I agree to provide proof of my age, in the form of a government issued identification card, to any retailer that requests it. I understand that I may be asked to provide additional verification of my age, such as my birth certificate, to government agencies such as the Arizona Attorney General's Office, local police departments and prosecutors' offices.
- I agree that, while attempting to purchase tobacco products as a volunteer in the Program, I will not lie about my age or inform any individual that I am old enough to purchase tobacco.
- I understand that I will be provided with money to purchase tobacco products during undercover inspections. I agree to immediately return all money provided to me for this purpose, with the exception of money I actually spent on tobacco products during the inspection.
- I agree to give any and all tobacco products I purchase during undercover inspections to my supervising officer/special agent immediately following the inspection in which the products were purchased.
- I understand that I may participate in inspection operations where I am paired with another youth volunteer. However, I agree to participate in inspections where I am the sole volunteer. Regardless of whether I am paired or am working as a sole volunteer, I understand that I will be accompanied by two law enforcement officers or special agents during all field operations.
- I understand that I may be recorded, photographed, and/or videotaped while purchasing, attempting to purchase and possessing tobacco products. I understand that I may also be asked to wear a recording device. I further understand and agree that these recordings, photographs and video tapes may be made available to the public, including but not limited to the courts, state legislators, and the media to further the purpose of the Program or assist in the prosecution of citations issued to offending retailers.
- I understand that I may be asked to participate as a witness in a criminal or civil action taken against an individual or business entity charged with a violation of Arizona's youth access laws when such charge is a result of an undercover inspection in which I have participated.
- I agree to keep certain information about the Program and the undercover inspections in which I participate confidential, if I am requested to do so by representatives of the Program or participating law enforcement agencies. However, I further understand that I will not be required to keep any information confidential from my parents/guardians.
- I understand that my participation in the Program is completely voluntary and that I may withdraw from participation at any time and for any reason.
- I understand that I am not required to go into any location, business or situation I do not believe is safe, secure or appropriate.
- I represent that I do not have a criminal record and that I do not currently use any tobacco products. I further agree that I will not use any tobacco products during my participation in the Program.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

PARENT / ADULT GUARDIAN CONSENT

ARIZONA ATTORNEY GENERAL'S OFFICE YOUTH TOBACCO PROGRAM

Your signature on this form constitutes your consent for your minor son/daughter to participate in the Arizona Attorney General's Office Youth Tobacco Program ("Program"). Please carefully read all documents contained in your child's registration packet before signing this form.

PROGRAM DESCRIPTION

The Program seeks to reduce youth access to tobacco products by monitoring retailer compliance with Arizona's youth tobacco laws and facilitating the enforcement of these laws.

As a participant in the Program, your child, under the supervision of a law enforcement officer or special agent, will pose as a customer and attempt to purchase tobacco products from local retailers. During the inspection, an officer or special agent will be stationed either inside the store or immediately outside of the premises. A second officer or special agent will be stationed nearby, most often in the vehicle used to transport your child to each inspection site. Your child may be paired with another volunteer to conduct inspections during their shift. However, your child may also be asked to participate in operations where he/she is the sole volunteer. Regardless of whether or not your child is paired with another volunteer, he/she will always be accompanied by two law enforcement officers or special agents.

After each inspection, any tobacco product purchased by your child will be turned over to and held as evidence by the Arizona Attorney General's Office or your community's local law enforcement agency. Your child will be given money prior to each inspection to be used to purchase tobacco products at that location. At the end of each inspection, your child will return all money to the supervising officer/special agent, with the exception of money actually spent to purchase a tobacco product.

Prior to participating in the Program, your child will attend a training session held by special agents of the Arizona Attorney General's Office. Upon successful completion of training, your child will be photographed and their personal information will be entered into the Program database. At this point, your child will be considered an "active" volunteer. Volunteer photographs and other identifying information will be held in confidence by the Arizona Attorney General's Office. However, information about your child may be shared with local law enforcement agencies and prosecutors for the purpose of investigating and prosecuting violations of state law. Your child may be called to appear as a witness in a criminal or civil proceeding brought against individuals or businesses charged with violating Arizona's youth tobacco laws.

Your child may be photographed and/or videotaped while purchasing, attempting to purchase and possessing tobacco products. Such recordings (or transcripts thereof), photographs and videotapes may be made available to the public, including the media, the courts, and state legislators to further the purposes of the Program or to facilitate the prosecution of charges made against individuals or businesses found to be in violation of laws restricting the sale of tobacco to minors.

Participation in the Program is entirely voluntary. Your child may withdraw from the Program at any time and for any reason.

CONSENT

I hereby give my consent for my son or daughter to participate in the Arizona Attorney General's Office Youth Tobacco Program, as described above, which will require my son or daughter to purchase tobacco products. I further give my permission for the Arizona Attorney General's Office to release photographs and identifying information to local law enforcement agencies and prosecutors for the purpose of investigating and prosecuting violations of state law. I understand that the Arizona Attorney General's Office will hold my child's identifying information in confidence unless ordered to release that information by court order.

Print Name of Youth Volunteer

Signature of Parent/Adult Guardian

Date

VOLUNTEER EMERGENCY MEDICAL CONSENT

ARIZONA ATTORNEY GENERAL'S OFFICE YOUTH TOBACCO PROGRAM

In the event of a sudden illness or injury while my son or daughter is participating as a volunteer for the Arizona Attorney General's Office Youth Tobacco Program, I give my consent to allow my child to be treated by an emergency medical provider and/or a healthcare provider pursuant to my insurance plan or at my own expense. I understand that the State of Arizona does not provide health or accident insurance to Program volunteers.

Name of Youth Volunteer (Please PRINT Clearly)

Signature of Parent/Adult Guardian

Date

Please complete the following information. Please PRINT clearly:

IN CASE OF AN EMERGENCY PLEASE CONTACT	
Name:	Phone Number:
Relation to Volunteer:	
INSURANCE INFORMATION	
<input type="checkbox"/> Check Here If Your Child Is <u>Not</u> Covered By Insurance	
Name of Carrier:	
Group Number:	Policy Number:
FAMILY PHYSICIAN INFORMATION	
Name:	Phone Number:
Address:	



VOLUNTEER REGISTRATION FORM

This portion of the form to be filled out by the Volunteer: (Please print)

VOLUNTEER'S NAME: _____

MAILING ADDRESS: _____ CELL #()
 HOME #() _____

LIABILITY COVERAGE: Volunteers are persons doing State of Arizona work/activities under the direction and control of a State authorized official and are not being paid.

Liability coverage is extended to volunteers acting at the direction of a State official and within the course and scope of their State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.

WORKERS' COMPENSATION IS NOT COVERED: Volunteers are NOT covered by the State's workers' compensation plan if injured while participating in this program (except for volunteers covered pursuant to A.R.S. 23-901). Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program. When there is no other insurance in place Risk Management has a purchased volunteer accident medical and AD&D program. Claim forms can be obtain from the Risk Management web site at "www.azrisk.state.az.us".

Do you have health insurance? Yes ___ No ___ If yes, please provide the following information:

Name of Medical Insurance Carrier: _____ Policy # _____

I have carefully read the above information and understand its contents. The above information provided by me is accurate.

VOLUNTEER'S SIGNATURE _____ DATE _____

This portion of the form is to be filled out by the Supervisor: (Please print)

SUPERVISOR'S NAME	TITLE	TELEPHONE #
DEPARTMENT	DUTIES OF VOLUNTEER	BEGIN / END DATE

VEHICLE INFORMATION YES NO

Will the volunteer be driving a State owned or rented vehicle or an 8- to 15-passenger van?		
Does the volunteer have a valid driver's license?		
Have you checked the volunteers Motor Vehicle Record?		
If yes, has the volunteer successfully completed the mandatory 15 passenger van training course and been certified?		
Expiration Date of Certification Card:		
Does the volunteer have previous experience driving a 15-passenger van?		
IF YES, DESCRIBE:		

SUPERVISOR'S SIGNATURE _____ DATE _____