



Join Together Northern Nevada
Building Partnerships for a Healthy Community

Speak Out Application

Youth can make a difference by talking to and training other youth about substance abuse prevention topics — myths and facts about drugs, how to refuse drugs and alcohol, and the warning signs of substance abuse.

High school students are encouraged to apply to become a peer educator in the Speak Out program. Peer educators will be trained by prevention professionals and be asked to present the information to other students during the school year.

Name:	
Age:	
Date:	/ /
School:	

For Official Use ONLY	
<p>Fingerprints</p> <p><input type="checkbox"/> On File</p> <p><input type="checkbox"/> Not Needed (Under 18)</p> <p><input type="checkbox"/> Not Needed (Other)</p>	<p>Placement</p> <p>_____</p> <p>Hours: ____:____ To ____:____</p> <p>Days: M<input type="checkbox"/> T<input type="checkbox"/> W<input type="checkbox"/> R<input type="checkbox"/> F<input type="checkbox"/> S<input type="checkbox"/></p>
<p>Reference Checks</p> <p>Reference Check 1 <input type="checkbox"/> By: _____</p> <p>Reference Check 2 <input type="checkbox"/> By: _____</p>	<p>For Admin.</p> <p>Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>Date: ____/____/____</p>

Please submit applications in person to the JTNN office, or by email to outreach@JTNN.org.

SPEAK OUT APPLICATION

GENERAL INFORMATION				
NAME:				
	<i>FIRST</i>	<i>LAST</i>		
ADDRESS:				
	<i>STREET</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
PHONE #:				
	<i>CELL</i>		<i>HOME</i>	
EMERGENCY CONTACT NAME:			EMERGENCY CONTACT PHONE #:	
HOW DID YOU HEAR ABOUT US:	<input type="checkbox"/> Self <input type="checkbox"/> School			
EMAIL ADDRESS:				

Questions	
HIGH SCHOOL NAME:	
GRADE:	
DO YOU HAVE YOUR OWN TRANSPORTATION?	Circle one: YES NO
TELL US WHY YOU ARE INTERESTED IN PARTICIPATING IN THE SPEAK OUT PROGRAM.	

Please Provide Two References Below					
Name:		Phone #:		Relationship:	
Name:		Phone #:		Relationship:	

CHECK THE BOXES BELOW NEXT TO THE DAYS AND TIMES YOU CAN PARTICIPATE IN SPEAK OUT		
3:30 p.m. – 7:00 p.m.	<input type="checkbox"/>	Monday
3:30 p.m. – 7:00 p.m.	<input type="checkbox"/>	Tuesday
3:30 p.m. – 7:00 p.m.	<input type="checkbox"/>	Wednesday
3:30 p.m. – 7:00 p.m.	<input type="checkbox"/>	Thursday
3:30 p.m. – 7:00 p.m.	<input type="checkbox"/>	Friday
9 a.m. – 1 p.m.	<input type="checkbox"/>	Saturday

HOBBIES/SKILLS/TALENTS:	
LIST ANY ACHIEVEMENTS YOU CONSIDER RELEVANT TO YOUR APPLICATION.	

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for participating in Speak Out and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application will be grounds for rejection of this application or for immediate dismissal, regardless of the time elapsed before discovery.

_____ In order to safeguard the well being of the youth served by our organization, I authorize Join Together Northern Nevada to verify all information provided by me on this application.

_____ I understand it is a requirement of this organization that all participants 18 years or older and who work with or have contact with children be fingerprinted. I understand that fingerprints will be used to check the criminal history reports of Washoe County, the state of Nevada, and the FBI.

Signature: _____ Date: ____/____/____

Speak Out Program - Minor Release and Waiver of Liability

This Release and Waiver of Liability is executed by the student “Participant” and the parent or legal guardian of the Participant (the “Guardian”) in favor of Join Together Northern Nevada, a Nevada nonprofit organization, its directors, officers, employees, volunteers, team/program leaders, and its partner organizations (collectively, its “Releasees”).

The Participant agrees to participate in Speak Out, a peer prevention program, through Join Together Northern Nevada, and engage in the activities related to being a Participant. The Participant and the Guardian understand the activities may include public speaking, attending community events, training sessions and other activities related to being a Participant as well as independently providing the required transportation associated with attending these activities.

The Participant and Guardian do hereby freely, voluntarily and without duress execute this Release under the following terms:

1. Waiver and Release

Participant and Guardian do hereby release and forever discharge and hold harmless Join Together Northern Nevada and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Participant’s involvement in Speak Out, the peer prevention program. Participant and Guardian understand and acknowledge that this Release discharges Join Together Northern Nevada and its successors from any liability or claims that the Participant or Guardian may have against Join Together Northern Nevada or with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Participant’s involvement in Speak Out for Join Together Northern Nevada and/or its partner organizations, whether caused by the negligence of Join Together Northern Nevada or its Releasees or otherwise. Please initial here_____.

2. Medical Treatment.

Except as otherwise agreed to by Join Together Northern Nevada in writing, Participant and Guardian do hereby release and forever discharge Join Together Northern Nevada and/or its partner organizations from any claim whatsoever that arises or may hereafter arise or may arise on account of any first aid, treatment or service rendered in connection with the Participant’s involvement with Join Together Northern Nevada and/or its partner organizations. Please initial here_____.

3. Photographic Release.

Participant and Guardian do hereby grant and convey unto Join Together Northern Nevada and its partner organizations all rights, title, and interest in any and all photographic images and video or audio recordings made by Join Together Northern

Nevada or its partner organizations during the Participant's involvement with Join Together Northern Nevada and/or its partner organizations, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings. Please initial here_____.

By signing this form I, _____ approve my child, _____ to participate in the Speak Out program for Join Together Northern Nevada. I agree that I have read and understand this release/waiver in its entirety.

Participant Name: _____

Participant Signature: _____

Participant Address: _____

Phone: (Cell)_____ (Home)_____

Date: _____ Age at Date of Signing: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

Phone: (Cell)_____ (Home)_____

Date: _____