

Lake County
Youth Led Prevention

...preparing youth to be leaders among their peers in the process of prevention.

Convoy of Hope
Letter of Agreement

NAME: _____

AGE: _____

SCHOOL: _____

GRADE: _____ (2011-2012)

HOME ADDRESS: _____

PHONE: _____

CITY: _____ Zip: _____

EMAIL: _____

We would like to invite you to participate in an activity being supported by the Lake County Narcotics Agency P.L.U.S. program to be held on Sunday, July 31, 2011. To insure your understanding of the conditions of your participation we need you to read and sign this agreement with the following conditions.

at the **Convoy of Hope**:

1. I understand that I will be volunteering my time.
2. I understand and will abide by any rules set forth by agents of the Lake County Narcotics Agency.
3. I understand and will abide by any rules set forth by the Convoy of Hope administration.
4. I will be willing to assist with the tasks and opportunities provided by this project.
5. I will treat staff, other participants, and attendees' with courtesy and respect.
6. I understand that I will be paired with another YLP volunteer, and will be willing to work with them as a team.
7. I will be on time for my prearranged shift and will work until my designated end time.
8. I will check-in at the Education Tent with the P.L.U.S. Officers before I begin my tour of duty.
9. I will check-out at the Education Tent with the P.L.U.S. Officers before I depart from the Fair Grounds.
10. Transportation to and from the fairgrounds is the responsibility of each participant.
11. I will abide by the Cell Phone Policy set forth:
 - Cell phone use, including texting, is limited to *necessary use* at all times.
 - I will not interrupt my duties with cell phone use and/or texting.
 - I will have my phone set in such a way as to not disturb others while performing my duties.

Student Signature

I give my permission for (son/daughter) _____ to participate in the Lake County Youth Led Prevention ***Convoy of Hope*** activity, Sunday, July 31, 2011. I have read the attached information and agree to the conditions set forth.

Parent(s) Name – *Please Print*

Parent Signature

Parent Contact Info for the DAY