Massachusetts Tobacco Cessation and Prevention

Massachusetts Tobacco Cessation and Prevention Program
Youth Tobacco Compliance Application

All information will be kept confidential!

The following information is needed so that youth can be contacted about training, conducting checks and being paid. A Tri-Town Health Department Compliance Officer will be contacting youth to set up the training. Starting pay is $15.00/hour. Current youth who recruit new compliance youth are eligible for $50.00 stipend per additional youth who join!

Youth Name:_____ Date of Birth:_____

Home Address: _____

City/Town:_____ Zip Code: _____

Youth Cell Phone Number:_____Youth Home Phone Number: _____

Youth Email: _____

School Attending:_____City/Town of School: _____

Social Security Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Have you used any tobacco products (cigarettes, JUUL /vapes, cigars, cigarillos, chewing tobacco, snus, etc.) in thepast 30 days?

A. Yes
B. No
C. Do not know

How did you hear about this position? (Please be specific.)

Preferred Method of Communication: (Please circle) Text Home Phone Cell Phone Email

Massachusetts Tobacco Cessation and Prevention

Please mail or scan **and** email the following items to the inspector you are working with:

_____Youth Tobacco Compliance Application
_____Parent Consent and Release form
_____Youth Agreement
_____Medical Treatment Authorization form
_____Birth Certificate (a copy)
_____Social Security Card (a copy)
_____A clear portrait photograph

Massachusetts Tobacco Cessation and Prevention
Parent/Guardian Consent and Release Form

Dear Parent/Guardian:

Your youth has expressed an interest in assisting the Tri-Town Health Dept and the Massachusetts Tobacco Cessation and Prevention (MTCP) Program in preventing the illegal sale of tobacco products to underage youth. With your permission, your youth will help us to conduct compliance checks by visiting local tobacco retailers and attempting to purchase tobacco products. Activities will be under the direct supervision of a Tri-Town Health Dept tobacco inspector or a representative from a local board of health.

Each potential undercover buyer will be trained with respect to standard compliance check procedure. Money to purchase tobacco products will be provided. Any tobacco products purchased by the youth involved in this project will be retained by the Tri-Town Health Dept and labeled as evidence. Massachusetts law does not prohibit youth from buying tobacco, so youth will not be violating any law by participating in compliance checks. While your son/daughter will spend much of their time conducting checks, they may also need to be called as a witness to testify regarding the compliance check in which they participated. Stipends will vary based on the program for which the youth is conducting checks.

Due to the Covid pandemic, proper health and safety measures will be required to conduct inspections. Compliance Officers and Underage Purchasers will be required to fill out a COVID-19 symptom screening form before beginning work. If they are experiencing any symptoms or have had any known exposure to COVID-19, they will not be cleared to conduct inspections for 14 days. Underage Purchasers will also be provided with personal protective equipment that they are expected to wear during inspections.

If you have any questions about what the project will entail, please feel free to call the Tri-Town Health Dept or the Department Director/Program Coordinator.

PARENT OR GUARDIAN CONSENT AND RELEASE FORM

- I give my consent for my youth's participation in the tobacco compliance check project described above, including the orientation and training.
- I give consent for my youth to ride in a vehicle with an adult working on the compliance check.
- I give consent for my youth's photograph to be taken during a training session or while conducting checks to be used for the project. I understand that these photos will not be publicly published and that I will not be paid for use of these photos. I do not hold Health Resources in Action or the programs associated with the Massachusetts Department of Public Health responsible for any damages raised out of use of the photos.
- Identities of Minors are to remain as confidential as possible. However, in the event of possible enforcement or judicial action, the Minor's identity may be revealed and the Minor may need to provide a declaration and/or give testimony in a hearing. Minors must be available to testify as witnesses in administrative hearings for a minimum of 5 years after each inspection. Minors will be contacted bi-annually to confirm that their contact information is up to date for 5 years after the last date of inspection.
- I give consent for my youth's contact information to be shared with representatives from Boards of Health to contact my son/daughter to conduct compliance checks.

As parent and/or legal guardian, I agree on behalf of myself, my , or our heirs, successors and assigns, to hold harmless and defend the Tri-Town Health Dept, the local Board of Health program and its agents, employees, officers and directors, as well as the sponsors of the activity and their agents, employees, officers and directors from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith; provided, however, that this indemnity will not apply with respect to any claims for injury to the extent of any available and applicable motor vehicle insurance or other liability insurance.

If I have any questions about this program, I understand that I can contact Tri-Town Health Dept at any time. 413-243-5540 or the Department Director James J Wilusz, 413-464-3044.

Massachusetts Tobacco Cessation and Prevention

Youth's Name (please print): _____ Date of Birth: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____

Massachusetts Tobacco Cessation and Prevention

Medical Treatment Authorization

This form is to be filled out by the parent/guardian of the Underage Purchaser and will be kept on file in the case of an emergency during work hours. ***PLEASE NOTE: The original, signed document is to be given to the adult compliance officer on your first day of work. A copy of this will also be placed in your file with your application.***

Minor's Name: _____

Home Address: _____

Date of Birth:_____ Gender: _____

Medical Information:

Primary Care Physician's Name: _____

Phone #: (____)_____

Medical Insurance Provider:_____Policy #: _____

Allergies to Medications: _____

Medical Conditions for which the minor is receiving treatment:

_____

Prescription Drugs the minor is taking:

_____

Other pertinent medical information:

_____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

Effective Date:_____.

Signed this _____ (day) _____ (month), 2021

Parent/Guardian Signature:

Printed Name:

Massachusetts Tobacco Cessation and Prevention Program
Youth Agreement

Name (please print): _____

INSTRUCTIONS: Please read each item below. Your signature signifies your agreement to the following:

1. I understand that the purpose of the Tobacco Compliance Check project is to encourage the increased enforcement of laws that ban the sale of tobacco to underage youth.

2. I agree that I will meet with Tobacco Compliance Officers at the location and time specified for each compliance check.

3. I certify that I will not work with any Tobacco Compliance Officer that I am related to.

4. I understand that specific information about the compliance checks I will conduct are confidential and that I will not discuss such details such as store names and locations unless directed to do so by Tobacco Compliance Officers.

5. I understand that Massachusetts law does not ban underage youth from attempting to purchase tobacco; therefore, I will not be violating any laws while participating in this activity.

6. I agree not to pursue or participate in any attempt to purchase tobacco products except when I am supervised by Tobacco Compliance Officers.

7. I agree to give any tobacco products, change or unused money that is not my own to the Tobacco Compliance Officers.

8. I am aware that I may need to complete narrative reports and/or may be called as a witness to testify regarding the compliance check in which I participated.

9. I agree to follow the procedures explained to me during the Tobacco Compliance Check training session while conducting tobacco compliance checks. I will alert my Tobacco Compliance officer of any conflicts of interest that I may have, including if any member of my family or anyone I know owns or works at an establishment that I am assigned to check.

10. I understand that I must be available to testify as a witness in administrative hearings for a minimum of 5 years after each inspection. I understand that if I move, change email addresses, phone numbers, etc, that I must contact the Tri-Town Health Dept to keep my contact information current. I am responsible for doing this for 5 years after the date that I stop doing inspections. The Tri-Town Health Dept will contact me twice a year as well to make sure that my contact information is up to date.

TRI-TOWN HEALTH DEPARTMENT
Lee - Lenox – Stockbridge

TOWN OF LEE
APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us?

☐ Advertisement ☐ Friend ☐ Walk-In

☐ Employment Agency ☐ Relative ☐ Other _____

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Email _____

If information requested is contained in a resume, you may include it with your application and respond "See Resume" where appropriate.

Have you ever submitted an application to us before? ☐ Yes ☐ No
For what position: _____

Have you ever been employed with us before? ☐ Yes ☐ No
In what position: _____

Are you currently employed? ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Are you legally eligible to work in the U.S.? ☐ Yes ☐ No

Are you willing to undergo a physical exam by a doctor for the purpose of determining whether you are physically able to perform the essential functions of the job with reasonable accommodations, if necessary?
☐ Yes ☐ No

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No
If yes, please describe:

List any relatives employed by the Town of Lee:

_____

EDUCATION:

	High School	Undergraduate College/University	Graduate/Professional
School Name & Location			
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities			
Describe any honors you have received			

EMPLOYMENT HISTORY:
(Start with your most recent or present job)

1. Employer:		Length of Service:
Address:		Job Duties:
Telephone Number and or Email:		
Job Title:	Supervisor:	
Reason for Leaving:		
2. Employer:		Length of Service:
Address:		Job Duties:
Telephone Number and or Email:		
Job Title:	Supervisor:	
Reason for Leaving:		
3. Employer:		Length of Service:
Address:		Job Duties:
Telephone Number and or Email:		
Job Title:	Supervisor:	
Reason for Leaving:		

REFERENCES:
Please provide the names and telephone numbers of three references:

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT:

I authorize the Town of Lee to make such investigations and inquiries of my employment or educational history and other related matters as may be necessary to arrive at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge.

I understand and agree that if employed, I will be required to abide by all rules and policies of the Town of Lee.

I certify that all of the information on this application is true and correct and that I have not knowingly failed to disclose any information.

_____ _____
Signature of Applicant Date

11. I understand that this position requires that I be of good moral character including being honest, fair, ethical and of high integrity.

_____ Date:_____
Youth Signature