**What should I know about the Native Connections Program?**

* Native Connections was created to reduce suicidal behaviors and drug/alcohol use among people ages 12-24 in Nome and the surrounding region.
* The program supports youth in our community by providing cultural activities, education, and training.
* Youth who need additional support may be referred to mental health or substance use services by the Native Connections staff. If this is the case, the youth’s parent/guardian will be notified.
* The Native Connections Program is supported by federal grant funds. Native Connections staff will collect data on the program until its completion in 2023.
* As part of the data collection, staff will follow up to see if youth who are referred for mental health or substance use services end up participating in those services.
* Participating in the Native Connections Program is ***voluntary***. You are not required to participate in the program, and you can stop at any time.

**What will happen if I choose to take part in the Native Connections Program?**

* Youth who participate in the Native Connections Program will be involved in different activities and trainings.
* Youth will be asked to complete surveys or brief interviews about their experiences and the program’s activities.
* Youth may be asked questions about what they learned and which activities were helpful or unhelpful.
* Youth also may be asked questions about their thoughts, feelings, and behaviors, including their experiences with suicidal thoughts or behaviors.

**How will you protect my privacy?**

To protect your privacy, we will not include any information that could directly identify you in any reports written about the Native Connections Program.

**Native Connections Contact Information**

If you have questions about the Native Connections Program - or if you would like to withdraw your consent to be a part of the program - you may contact Sherri Anderson by email at [**sjanderson@NSHCORP.ORG**](mailto:sjanderson@NSHCORP.ORG) or by phone at 907-443-9592.

**As a participant of Native Connections Program,** **I understand and agree to the following:**

* I will respect and follow the rules and guidelines of the host agency, as explained to me by Native Connections staff.
* I am responsible for my own actions and will act in a mature manner at all times.
* I will NOT use alcohol, tobacco or other drugs while participating in Native Connections activities.
* I agree to participate in any surveys, questionnaires, or interviews related to the Native Connections project provided to me by Native Connections or Norton Sound Health Corporation related agencies.
* I will be accountable for my own actions and belongings.
* I understand that the Native Connections staff may refer me to behavioral health services if needed. If this occurs, staff will inform my parent/guardian.
* I UNDERSTAND THAT I WILL BE SENT HOME IF I DO NOT FOLLOW STATED RULES OR GUIDELINES.

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| I have read and hereby agree to abide by the above terms and conditions.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Youth Applicant/Participant) |
| I have read and discussed with my child the above Youth Participation Agreement terms and conditions and the consequences of violating the agreement.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Parent/Guardian) |
| Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Contact Name and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| AUTHORIZATION FOR USE OF IMAGES AND OR VIDEO  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Youth Applicant/Participant) |
| Date of Birth: \_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please Check: |
| \_\_\_\_\_\_ Yes, I give permission/authorization for images and/or video of my child to be used for any news, promotion, or education materials produced by Native Connections or N.S.H.C related agencies. |
| \_\_\_\_\_\_ No, I do not give permission/authorization for images and/or video of my child to be used for any news, promotion, or education materials produced by Native Connections or N.S.H.C related agencies. |