SWIMS / Incorruptible.Us

What is SWIMS?

Students with Important Messages (SWIMS) is a youth engagement program that is composed of Warren County youth interested in learning about substance abuse, and addressing issues regarding underage drinking, tobacco, pe. SWIMS is also involved with NJ's Incorruptible.Us Youth Tobacco Action Group Campaign (YTAG).

SWIMS Statement:

Students with Important Messages is a program that is found in various chapters within schools throughout the county. This is a youth-led and youth-driven movement whose mission is to reach Warren County youth and empower them to make healthy lifestyle decisions while supporting alcohol, tobacco, and drug free social norms.

How does SWIMS operate within a school?

Students with Important Messages has established activities at the high schools and middle schools throughout the County. Meetings occur once a month in school, either during lunch periods, activity periods, or after school. Youth are encouraged to help develop a tabling activity for the month to educate their peers.

SWIMS on Social Media

Find information and events in Warren County Incorruptible.us

Instagram @theincorruptible.warren

Facebook @incorruptible.warren county.

The pages will show events within our community that the members are actively involved in as well as all content created by the youth. SWIMS will participate in Take Down Tobacco, Great American Smokeout and The Above the Influence Campaign.

Additional questions about SWIMS?

Teens can join SWIMS by reaching out to their School Counselor or County Coordinator Jessica Bartelloni at jessica.bartelloni@centerffs.org

Coalition For Health & Safe Communities
A Program of the Family Guidance Center of Warren County
www.preventionconnectionsnj.org

CENTER FOR FAMILY SERVICES

Warren Hills Community Coalition

Tobacco-Free
FOR A HEALTHY NEW JERSEY

INCORRUPTIBLE. US Membership Form

A program of Tobacco Free for a Healthy NJ

PERMISSION SLIP AND RELEASE FORM

FOR ACTIVITY PARTICIPATION IN INCORRUPTIBLE.US PROGRAMS AND ACTIVITIES

Date:					
Participants Name:					
Grade & Age					
School					
Cell Phone:					
School & Personal Email:					
Address:					
County:		**City:**		**Zip code:**	
Coalition Name:	Warren County				
Coalition Youth Coordinator/Contact Person:	Jessica Bartelloni				
Phone:	201-400-4036				
Email	jessica.bartelloni@centerffs.org				
Youth Group Name:	Incorruptible.Us Warren				

I hereby grant permission for my child to participate in the Incorruptible Us of Warren County. I understand that my child participates in these activities at their own risk and that Incorruptible Us of Warren County and NJPN are not liable for any injury, personal or otherwise, to my child or caused by my child. Should any problems arise concerning the behavior of my child, I understand that I am expected to pick up my child from the location of the event or activity at my own expense. I recognize that the Incorruptible Us uses photographs and video images of events for publicity materials such as the Incorruptible Us Social Media and TobaccoFreeNJ.com website, newspapers, newsletters, and Instagram and Facebook pages. I understand that by signing below I am granting permission for photo/video images of my child to be taken and used for such purposes. I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent. I understand that I am responsible for any medical expenses.

Signed: _____ Date: ____

Parent or Legal Guardian

Work Phone: (___)_____

Cell Phone: (___)_____

Photo Release/Media Consent Release Form

The Center For Family Services gratefully acknowledges your participation in our Public Relations efforts. Public Relations activities include identifiable photographs and videos, printed materials, newspaper, radio or television interviews, public statements of personal experiences, performances, and/or other activities. By the nature of these activities, a participant necessarily gives up some privacy.

Permission:

I, _____, understand that my participation in Public Relations activities is completely voluntary and that refusal to participate in these activities will not in any way affect my receipt of services from Center For Family Services. Further, I understand that by signing this consent form, I am giving permission for photographs, videos, stories, and statements to be used in media produced by Center For Family Services such as annual reports, success stories, website, social media, and brochures.

The potential risks and benefits of participating in any of these activities have been reviewed with me by a staff member of Center For Family Services. I understand this review is not all inclusive, and that there may be other risks and benefits. I take full responsibility for any consequences that may rise as a result of my voluntary participation and will not hold Center For Family Services liable for any such consequences of my actions.

I also understand that I have the right to stop the recording, interview, photographs or other use of my personal experience at any time without jeopardizing my receipt of services. By signing this release, I waive any right I may have to inspect and/or approve the finished product or for remuneration or any payment for use of the copy which may be used in connection with the photograph or the context to which it is used.

I have read this consent; it has been explained to me and I understand all parts of the consent.

_____	_____
Name	Date
_____	_____
Signature	Date
_____	_____
Parent/Guardian, if minor	Date
_____	_____
Center For Family Services Staff Signature	Date