



Participation Agreement

RSN's Skill Building program focuses on building skills in the areas of **School & Employment, Communication Styles, Safety & Security, Community Engagement, Self Care & Coping Skills (Emotional health), Relationships, Self Esteem & Self Perception, and Physical Health.** RSN's program employs specially trained mentors - Allies, Recovery Coaches and Peer Support Specialists with lived experience related to substance use, mental health challenges and/or justice involvement - who help participants in fostering their own wellbeing by providing support in identifying growth opportunities, setting goals, and working out ways to achieve these goals.

When working with an RSN Mentor, we ask for the Participant's willingness to:

- **Set goals** that demonstrate a commitment to their well being
- **Be willing** to meet/communicate weekly and work towards their goals with their mentor's support
- Design a **Self Care Plan** with their mentor's support
- Agree to refrain from substance use or illegal activities during their Skill Building sessions.
- **Keep your Mentor and/or RSN Staff informed** of any issues you have with continued participation in the program.
- **Respect** yourself, RSN Staff & mentors, and others around you
- Complete Pre-, Mid-, and Post-Program Evaluations

RSN Consent and Release of Information

Release of Information: As part of your involvement in RSN services, you are authorizing contact between RSN and **any other provider you are receiving services from, or may be referred to during your relationship with RSN,** to obtain information pertinent to support the participant. This may include, but is not limited to, quality improvement, progress, and data collection. By signing this form, you are authorizing the release of information between you and RSN and all entities in the participants' care team. You may revoke your release of information at any time except to the extent that action has already been taken.

The nature and amount of information shared will be as limited as possible but may include:

- Personal identifying information
- Participation and status with RSN
- Participation and status with the agencies mentioned below.

Risks and Confidentiality: RSN takes the privacy of your information seriously. RSN must comply with

confidentiality and protected health information requirements as set forth in Federal Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164). Your records are protected and cannot be disclosed without your written consent. **You may revoke your release of information at any time except to the extent that action has already been taken.**

By signing below I authorize RSN to receive and/or disclose information verbally and/or in writing with the following agencies/persons *only when deemed necessary*:

- | | |
|-----------------------------|-----------------------------------|
| ● Art Therapy Institute | ● Youthbuild |
| ● Boomerang | ● Boys & Girls Club |
| ● School | ● Youth Deflection Program |
| ● Grow Your World/Inkounter | ● County Juvenile Court Counselor |

Virtual Communications: Services may be offered virtually using platforms such as Zoom and GroupMe. By signing this consent, you are authorizing RSN to communicate with your youth using these forms of communication. Participants can join and leave GroupMe in much the same way they enter and leave online forums. Anyone can send a message that's viewable by everyone else in the group. Every text message is preserved until you choose to delete it. This way, conversations are stored for any latecomers to see.

Photo/Video Release: RSN may take group pictures. Your signature authorizes RSN to use your child's (or your own, if over 18) likeness in a photograph in any and all of its publications, including website entries and social media, without payment or other consideration and that no royalty, fee or other compensation shall become payable to you or your child by reason of such use.

☐ **If you **DO NOT** want your child's (or your own, if over 18) photo taken, please indicate by checking the box**

Conduct Expectations and Procedures

RSN has identified the following non-negotiable activities that will result in a participant's immediate suspension of program activities:

- Solicitation or possession of drugs.
- Dispensing medications of any kind to other participants.
- Possessing a weapon.
- Theft of property.
- Harm to others, including:
 - Physical violence of any kind.
 - Threats of any kind.
 - Bullying.

- Sexual harassment or unwanted touch.
- Offensive language, hate speech or verbal harassment, including but not limited to: a person's race, religion, ethnic or national origin, culture, gender, sexual orientation, or disability.

If a participant's program activity is suspended, the following steps will be followed:

- Contact parent/guardian immediately.
- If the parent/guardian cannot be reached in person, a message will be left and the participant will remain in the charge of RSN staff or their mentor until they are picked up. Staff will also contact the participant's court counselor (if applicable).
- Staff will complete and file an Incident Report and recommendations will be made in order to address the presenting issues.

Note: In the event of a safety concern, 911 will be contacted immediately.

Interpersonal Conflict: RSN supports the development of strong cross-cultural communication skills by holding each other accountable to identify and address instances of bias or disrespect. RSN believes that growth is an ongoing process that consists of successes as well as setbacks for both mentors and participants. Mentors and participants are encouraged to express themselves with the goal of mutual understanding. You have a right to a Circle Process if you feel you have been disrespected or mistreated so that you can talk about what happened and settle on a plan to repair the harm. You can request a Circle Process in the language in which you are most comfortable. Interpretation will be provided at no cost to you.

Grievance Procedure: RSN believes that the open communication required in a relationship with a mentor will resolve most points of disagreement and miscommunication. Participants are encouraged to express feelings without reservation with the goal of mutual understanding. However, should the participant, or their parents believe that a participant has been abused, harassed or discriminated against in some way, you can submit a grievance using the Participant Grievance Procedure. You can submit your grievance in the language in which you are most comfortable. Interpretation will be provided at no cost to you.

PERMISSION FOR TRANSPORTATION AND RELEASE OF LIABILITY: RSN's preference is for transportation to be provided by parents/guardians, participants (if they drive), or using public transportation if accessible. RSN staff will work with participants and their parents/guardians to determine accessibility and comfort in using public transportation and/or their need in relation to using an alternative form of transportation. If an alternative is required, RSN mentors are able to provide transportation *in their own private vehicles to/from any approved activities sponsored or authorized by RSN.*

Each transportation instance provided by an RSN mentor must receive parental/guardian consent and be approved by the RSN Dir. of Programs at least 48 hours prior to the proposed date of transportation. Transportation will not be permitted without both agency and parent/guardian approval.

1. Phone/Email call to guardian at pick-up/drop-off (voicemail/text if no answer)
2. Having written permission from guardian (in transportation agreement) for independent pick-ups/drop-offs when no alternative is available (ie. picking up from work, dropping off at home before parents arrive, family emergencies, etc.)

"I hereby give my permission for an RSN mentor to provide transportation to my child. I understand that transportation is only provided for specific activities sponsored or authorized by RSN and I release RSN, and any of its agents, volunteers, or youth from any claims which I now have or might have arising from any injury my child might sustain as a result of his/her being transported by the above-named party".
(Note: Participants over 18 need not have a parent/guardian's permission).

☐ If you **DO NOT** want your child (or yourself, if over 18) to receive transportation support, please indicate by checking the box

EMERGENCY CONTACT INFORMATION: In the event of an emergency, please list up to two (2) people we can contact in regards to your child (or yourself, if over 18):

Emergency Contact #1 Name & Relationship	
Emergency Contact #1 Phone Number	
Emergency Contact #2 Name & Relationship	
Emergency Contact #2 Phone Number	

By signing below, I give consent to receive RSN services, and agree to all aspects of the RSN Participation Agreement outlined above.

Participant Name (Print)	
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Participant Signature	
Guardian Name (Print)	
Guardian Signature	
Guardian Phone	
Guardian Email	
Guardian Mailing Address	