



LEADERSHIP · SERVICE · COMMUNITY · EDUCATION · AWARENESS

## Youth Ambassador Program Expectations

### **WHAT TO EXPECT**

The Youth Ambassador Program will have various projects and events throughout the year and, depending on your personal interests, you can partake in as many as you see fit. We aim to have each meeting be an engaging and stress-free hour, but, like with many things in life, projects and events will require practice. Some meetings will be dedicated to working on upcoming projects, where others will be dedicated to practicing presentation skills, learning informational presentations, practicing PSAs, skills, tips, and tricks for resume building, etc. A few examples of projects include:

Developing & Recording Radio PSAs  
Presenting To Local Organizations  
Organizing Prevention Events

Designing Prevention Campaign Materials & Presentations  
Managing Safe Harbor Instagram Account  
Writing Press Releases

### **WHAT IS EXPECTED OF YOU**

It is important to understand that as a Safe Harbor Youth Ambassador, you take on the responsibility of role-modeling and promoting a healthy, educated, responsible lifestyle to your peers and your community. It is expected that you'll attend at least 75% of weekly meetings throughout the school year and/or communicate absences in a timely manner, dress appropriately and professionally when representing the organization at specific events and that you will not engage in any alcohol, tobacco products, marijuana products or any other illegal drug use. Failure to meet these expectations will result in revocation of Youth Ambassador ID and rewards.

**RESPONSIBILITY** We understand that there will be times you are unable to make meetings. All we ask is that you let us know in advance via text, call, email. To promote leadership and responsibility, we expect that these notifications will come from you and not your guardian.

**RELIABILITY** Like we mentioned, there will be times where you just can't make it. However, there will be projects you're involved in where others will be relying on you to play your part. Please connect with other members if you're unable to make a meeting and plan, if necessary, to meet up with them another time to continue your work.

**RESPECT** Throughout the year, we will continuously practice and polish presentation skills, practice PSAs, and edit press releases. This is a place where mistakes can be made, and constructive criticism can be given. The goal is to empower each other to grow and improve. We expect that any feedback will be given respectfully and that mistakes will be embraced and not mocked.

### **MEETINGS**

Meetings take place weekly either virtually or at Paul Pratt Memorial Library. *(Day of the week and time TBD based on ambassador availability for the 2021-22 academic year.)*

### **WHO TO CONTACT**

Not sure where to meet? Going to be late? Question about an upcoming project? Please email us at [cohassetyouthambassadors@gmail.com](mailto:cohassetyouthambassadors@gmail.com).

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date



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## Safe Harbor Cohasset Coalition Youth Ambassador Program

### Parent/Guardian Waivers

*To Be Completed by Parent or Guardian*

Print Parent/Guardian Name: \_\_\_\_\_

Print Student's full name : \_\_\_\_\_

#### LIABILITY WAIVER:

I agree to allow my son/daughter to participate in the Youth Ambassador Program. I understand that many activities could result in injury during events or during transportation to and from events. I agree to waive any liability or right of civil action against Safe Harbor Cohasset Coalition, Youth Ambassador Program, all Safe Harbor Cohasset Coalition partnerships, and any of the associated staff, volunteers, sponsors or other agents of the Youth Ambassador Program for any negligence or acts or omissions that are related to my son/daughter's participation in any Youth Ambassador Program related activity. **In the event of an emergency where I cannot be reached, I give my permission for the adult staff of Safe Harbor Cohasset Coalition to act on my behalf in requesting emergency medical care for my son/daughter.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### COMPREHENSIVE MEDIA WAIVER:

I understand that Youth Ambassador Program and Safe Harbor Cohasset Coalition activities frequently result in media coverage. I agree to allow my child's photo or statements to reporters to be used in any news account, press release, or media report on Youth Ambassador Program activities; whether TV, radio or print. My child may volunteer to participate in the production of any radio or video or TV PSA or media appearance associated with Youth Ambassador Program. My child's photo may appear on the Safe Harbor Cohasset Coalition web site and associations/partnerships of Safe Harbor Cohasset Coalition and he or she may participate in videos produced by Safe Harbor Cohasset Coalition and all other associations and partnerships. I understand that the Youth Ambassador Program retains ownership and use rights for these media productions and no compensation is provided. I waive and release for myself and my minor children all rights and claims for compensation or damages for such use of these audio, visual and/or written materials.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**SAFE HARBOR COHASSET COALITION  
YOUTH AMBASSADOR PROGRAM ACTIVITIES PERMISSION SLIP  
ACADEMIC YEAR 2021-22**

I, \_\_\_\_\_, declare by signing this form that I am the legal parent/guardian of \_\_\_\_\_, minor child and student (hereinafter “student”) of the Safe Harbor Cohasset Coalition Youth Ambassador Program and am authorized to grant permission for the activity planned by the program.

I hereby authorize student to participate in off-location field trips and all related activities. Student has my permission to ride in the car of an adult volunteer, driven by that adult.

**RELEASE AND HOLD HARMLESS AGREEMENT**

I hereby consent to participation by student in the special events planned by the program, I understand that these events will take place away from regular program location and that student will be under the supervision of the designated employees and volunteers on the stated dates. I further consent to the conditions stated above on participation in these events, including the method of transportation.

In consideration of student being allowed to participate in programs and special events, I agree to release and hold harmless the Safe Harbor Cohasset Coalition, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers from any and all claims arising from or relating to student’s participation. This Release and Hold Harmless Agreement does not apply to claims or intentional misconduct or gross negligence.

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**Print Name of Parent/Legal Guardian**

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**Signature of Parent/Legal Guardian**

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**Date**

Please return completed forms to Safe Harbor Cohasset Coalition, 35 Ripley Road, Cohasset, MA 02025 or via email to [cohassetyouthambassadors@gmail.com](mailto:cohassetyouthambassadors@gmail.com),