

Fresno Office
4948 N. Arthur
Fresno, CA 93705
p: 559.222.4800
f: 559.221.2081

Call 1.800.LUNG.USA
(800.586.4872) to reach
your nearest Lung Association
or to speak with a health
professional at our free HelpLine.

www.californialung.org

State Headquarters
424 Pendleton Way
Oakland, CA 94621
p: 510.638.5864
f: 510.638.8984
contact@californialung.org
Federal Tax ID # 94-0362650

The American Lung Association's
mission is to prevent lung disease
and promote lung health.

**Improving Life,
One Breath at a Time**

Dear Future Agent:

Thank you for your interest in the Stop Tobacco Access to Kids Enforcement (STAKE) Act Program. We are excited that you are interested in joining our team of undercover agents. Participating in our program gives you excellent work experience, the opportunity to give back to your community, and the ability to build up volunteer requirements. Volunteering means that you are interested in helping stop the illegal sale of tobacco to underage youth. The forms you need to complete your application are enclosed.

The STAKE Act Program is divided into two parts: 1) the Food and Drug Branch (FDB) enforcement operations, and 2) the Statewide Survey conducted by the Behavioral Health Institute of California State University, San Diego. For either of these activities, your job will be to go with an adult to retail stores where you will try to buy tobacco.

For enforcement activities, you will be taken to stores by a FDB investigator. For the Statewide Survey, an adult staff person from the Behavioral Health Institute will take you to stores. Your safety is our highest concern. You will be with a FDB investigator or Behavioral Health Institute staff person at all times during your store visits. For each store you visit, you will receive \$5. Compensation is based on your participation in the project, not on your success at purchasing tobacco products. Four things are needed before you can participate:

1. You and your parents must complete and return the enclosed Application for Participation in Youth Tobacco Purchase Survey and Enforcement Activities.
2. You and your parents must complete the consent forms. There are four consent forms, two for enforcement and two for the statewide survey. All four consent forms must be completed and **signed in blue ink or any color other than black**. After completing the application and consent forms, please return them to us in the enclosed self-addressed stamped envelope as soon as possible. When we receive the completed forms, we will call you for a brief telephone interview.
3. If you do not already have a valid California Driver's License or California ID card, you must obtain one. We are enclosing a Department of Motor Vehicles (DMV) California ID application for this purpose. Please take the application form to your closest DMV office. A list of DMV offices and contact information is enclosed with this packet. The DMV will want to see either your birth certificate or a certified copy of your birth certificate or passport. If for some reason it will be difficult for you to obtain an ID card, please let us know at 1-877-STAKE ID. You must have a valid California Driver's License or California ID before you are allowed to visit stores to conduct youth tobacco purchase operations with FDB investigators. It will take four to six weeks for the DMV to process your ID application, so please apply immediately. There is a \$22 fee to obtain a California ID card, which we will reimburse you for. Just submit a copy of your receipt to the address listed below.



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Once you obtain your Driver's License or California ID, you will need to mail, fax, or e-mail a copy of it to our office. Mailing address:

Attn: Jim Blagg 4948 N. Arthur, Fresno, Ca 93705. Fax: (559) 221-2081.
E-mail: stakeact@pacbell.net

4. Complete a youth tobacco purchase survey and enforcement training and orientation, which will be held in your local area. We will contact you about training dates.

Thank you for your interest in preventing illegal tobacco sales to youth. As a new member of our team, you are welcome to join other tobacco control volunteer agencies and activities in your area. You will find a list of events and activities enclosed. We look forward to meeting you soon. If you have any questions or concerns, please call me at 1-877-STAKE ID.

Sincerely,

A handwritten signature in purple ink that reads "Jim Blagg".

Jim Blagg
Project Director

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Dear Parent or Guardian:

We are pleased that your son or daughter is applying as a volunteer with the American Lung Association.

The American Lung Association is assisting in a program to reduce illegal sales of tobacco to minors. Tobacco sales to minors are a major contribution to underage tobacco use and youth nicotine addiction. According to the U.S. Surgeon General, one of the most effective ways to reduce teenage tobacco addiction is to cut off the illegal sale of tobacco products to children.

The California Department of Health Services (CDHS) has contracted with the American Lung Association to assist in implementing a state law called the STAKE ACT (Stop Tobacco Access to Kids Enforcement Act). Our job is to recruit and aid in the training of 14 to 16 year old teens to participate in underage tobacco products buying operations supervised by the CDHS' Food and Drug Branch (FDB) and authorized by the STAKE Act.

Teens selected to work with FDB investigators will attempt to purchase tobacco products at retail outlets under FDB supervision. There will be no attempt to mislead merchants about the buyer's true age. Identification will be produced by teens if requested by retailers and youths will be instructed to avoid confrontation. If a sale is made to a teen, he or she will not be in the store when the FDB agent informs the clerk of the illegal act. If a citation is appealed by the store, your son or daughter may be requested to testify at an administrative hearing. However, these circumstances are very rare occurrences.

Incentives will be provided to volunteers based on participation in the project, not on the teens' success at purchasing tobacco products. A letter of appreciation will be sent to your son or daughter for volunteering their time.

The American Lung Association is responsible for recruiting teens for participation in the program. FDB investigators are responsible for training and supervising teens in the field. All fieldwork will take place after school and early evenings. The FDB or Behavior Health Institute will contact your son or daughter with opportunities to work. The opportunity to work is very sporadic. They will not work every week. They may only be called twice a year.

We have enclosed two required copies of the consent form for your signature. Teens will not be permitted to participate in any STAKE Act activities without your permission.

If you would like more information on the FDB you can visit their website: <http://www.cdph.ca.gov/programs/Pages/STAKEProgram.aspx>. If you have any questions about any aspect of the STAKE Act Enforcement Program, please do not hesitate to call Jim Blagg at 1-877-STAKE ID. Or you can e-mail at stakeact@pacbell.net.

Sincerely,



Jim Blagg
Project Director

**CONSENT FORM
PURCHASING TOBACCO FOR YOUTH PURCHASE SURVEY
AND MEDICAL CONSENT FORM**

PART 1: PARENTAL CONSENT

***PLEASE READ CAREFULLY AND THEN COMPLETE AND SIGN
WITH BLUE INK OR ANY COLOR OTHER THAN BLACK.***

Your signature on this form indicates your consent for your son or daughter to participate in enforcement and evaluation activities conducted for the California Department of Health Services (CDHS) and by the Annual Tobacco Purchase Survey Contractor, under the Stop Tobacco Access to Kids Enforcement (STAKE) Act. Your son or daughter will be required to purchase tobacco products at retail businesses under the supervision of adult staff members of Purchase Survey Contractor to determine if sales of cigarettes or other tobacco products are being made to persons under 18 years of age.

Any data that may be collected or published by the CDHS or the Purchase Survey Contractor will not reveal the name of your son or daughter. Participation in the tobacco purchase survey is voluntary. Your son or daughter has the right to stop at any time.

I also give my consent to having the below-signed participant be treated by a physician or surgeon in case of a sudden illness or injury while participating in the STAKE Act survey at my expense. If a personal physician is listed below, every effort will be made to contact the physician. However, the location of the activities or the nature of the illness or injury may require the use of emergency medical personnel.”

“I hereby give my consent to my son/daughter _____ to participate in the STAKE Act survey, which will require my son or daughter to purchase tobacco products from retail businesses. As the parent/guardian of the above-named youth, I certify my child’s birth date to be ____/____/____.”
mo. day y

(COMPLETE BOTH SIDES)

DO NOT SIGN IN BLACK INK

Signature of Parent or Guardian

Date

(_____)_____
Telephone Number (in case of emergency)

Signature of second adult responsible for minor

Date

(_____)_____
Telephone Number (in case of emergency)

Please provide us with the information below, if applicable. (Please print.)

Name of Family Physician or Medical Group and Telephone Number

Medical Insurance Coverage and/or Medical Group Number

PART 2: MINOR CONSENT

PLEASE CAREFULLY READ THE ABOVE CONSENT THAT YOUR PARENT OR GUARDIAN HAS SIGNED, THEN READ AND SIGN THE STATEMENT BELOW.

I have read and understand the above consent that my parent or guardian has signed and agree to participate in STAKE Act statewide survey activities. I understand that I will be required to purchase tobacco products, and that I will be under the supervision of an adult.

I understand that my participation in STAKE Act statewide survey activities is confidential, and that my name will never be used without my or my parents' permission.

I understand that my participation is completely voluntary, and that I have the right to quit at any time.

Signature of Youth Participant

Date

PARENT/GUARDIAN CONSENT FORM FOR PURCHASING TOBACCO PRODUCTS FOR TOBACCO ENFORCEMENT PROGRAMS

1. Your signature in ink (DO NOT USE BLACK) on this form indicates your consent for your son, daughter, or legal custodial minor to:
 - Participate in tobacco purchase enforcement activities conducted by the California Department of Health Services (CDHS);
 - Purchase tobacco products at retail businesses under the supervision of an adult Peace Officer to determine if sales of cigarettes or other tobacco products are being made to persons under 18 years of age.
 - Testify at an appeal hearing if one is requested by a merchant in violation of the law. (This will rarely occur.)
2. The purpose of the inspections is to enforce the law prohibiting the sale of tobacco products to minors. Owners of businesses that sell cigarettes to your son, daughter, or custodial minor may be fined (not at the time your child is present.)
3. Any data that may be published by the CDHS will not reveal the name of your child unless we have your permission.
4. Participation in the tobacco enforcement programs is voluntary. Your daughter, son, or legal custodial minor has the right to stop at any time.

I HEREBY GIVE MY CONSENT FOR MY DAUGHTER/SON/LEGAL CUSTODIAL MINOR, _____, TO PARTICIPATE IN TOBACCO ENFORCEMENT ACTIVITIES THAT WILL REQUIRE MY CHILD TO PURCHASE TOBACCO PRODUCTS FROM RETAIL BUSINESS. AS THE PARENT/GUARDIAN OF THE ABOVE-NAMED YOUTH, I CERTIFY MY CHILD'S BIRTH DATE TO BE _____. I UNDERSTAND THAT SUPERVISING PEACE OFFICERS WILL IMMEDIATELY COLLECT THE TOBACCO PRODUCT FROM MY CHILD AS SOON AS MY CHILD EXITS THE RETAIL SITE. I HOLD HARMLESS THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES IF MY CHILD SHOULD BECOME INJURED WHILE PARTICIPATING IN TOBACCO ENFORCEMENT ACTIVITIES.

I also give my consent to have the above- named participant treated by a physician, surgeon, or EMT, in case of sudden illness or injury while participating in tobacco enforcement activities. If your physician is listed below, every effort will be made to contact the physician. However, the location of activities and the nature of the illness or injury will determine the use of emergency medical personnel.

(Do not use black ink.)

Signature of Parent of Guardian

Date

(_____)_____
Emergency Phone Number

Medical Insurance/Group Number

Name of Family Physician/Medical Group

(_____)_____
Medical Group Phone Number

Application for Participation in Youth Tobacco Purchase Survey and Enforcement Activities

Please print all responses and make sure you complete both sides of this page.

Name: _____ Female Male

Current Age: _____ Date of Birth: (/ /) SSN#: _____ - _____ - _____

Name of Parent/Guardian: _____

Street Address: _____

City: _____ Zip: _____ E-mail Address: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Parent Work: () _____ Parent Cell: () _____

Alternate Contact: _____ Relationship: _____

Street Address: _____ Home Phone: () _____ - _____

Height: _____ Ethnicity: Hispanic / Latino
 White (Non - Hispanic)
 African American
 Asian / Pacific Islander
 Native American
 Other, specify: _____

Do you go to school on a: Traditional Calendar (summers off) Track System Home Schooled

Name of School: _____

School Address: _____ Cross Street: _____

If attending a track system school, which months are you off track? _____

1. Do you use tobacco products? Yes No
2. Have you participated in anti-tobacco programs? Yes No
3. Have you ever been suspended from School? Yes No
If your answer to question #3 is yes, please explain your suspension and include dates.

4. Have you ever been arrested? Yes No
If your answer to question #4 is yes, please explain your arrest and include dates.

5. Have you ever been convicted of any crime? Yes No
If your answer to question #5 is yes, please explain your conviction and include dates.

6. Do you have any tattoos? Yes No

7. Do you have facial hair? (Male Only) Yes No
*NOTE: If selected for compliance checks, you will be required to be clean shaven.

8. Do you have a valid California ID Card, Driver's License or Military ID? Yes No

9. If yes, what is your ID number (located at top of ID)?

Calif. ID: _____ Driver's License: _____ Military ID: _____

PLEASE SUBMIT A COPY OF YOUR ID & BIRTH CERTIFICATE

10. What languages other than English do you speak? _____

11. List your previous employment and/or community and school activities (include full or part-time work, volunteer work, clubs, sports, etc.)

- Position held: _____

Company/school/organization: _____

Dates of involvement or employment: _____

- Position held: _____

Company/school/organization: _____

Dates of involvement or employment: _____

I hereby certify that to the best of my knowledge the above information is true.

Signature of Youth

Date

HOW DID YOU HEAR ABOUT THIS POSITION?

BEST TIME TO REACH YOU?

WHAT TIME DO YOU GET OUT OF SCHOOL?

Recommend a Friend

If you have a friend who is 15 or 16 years old, and who you think might be interested in the program, please let us know. We will contact any person(s) who you recommend and let them know that you recommended them.

I recommend *(please print)*:

Name: _____ City: _____

Age: _____ Phone number *(include area code)*: (_____) _____

(Return in envelope with your two consent forms.)

Recommend a Friend

If you have a friend who is 15 or 16 years old, and who you think might be interested in the program, please let us know. We will contact any person(s) who you recommend and let them know that you recommended them.

I recommend *(please print)*:

Name: _____ City: _____

Age: _____ Phone number *(include area code)*: (_____) _____

(Return in envelope with your two consent forms.)