



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.

Dear Parent or Guardian:

We are pleased that your son or daughter is applying as a volunteer for the STAKE Act program, supported by the American Lung Association.

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 youth. STAKE Act's purpose is to reduce illegal sales of tobacco to minors.

In order for STAKE Act to be successful, youth participation is critical. In order to participate, youth must apply for STAKE Act through the American Lung Association (ALA). The American Lung Association recruits 14 to 16 year olds to participate in underage tobacco purchases. Once ALA approves the youth's application, it is sent to 2 organizations:

1. Food and Drug Branch (FDB) of the CA Department of Public Health – Enforcement Operations
2. Annual Youth Survey Contractor

Enforcement Operations Participation:

The Food and Drug Branch specifically enforces the illegal sales of tobacco to minors. By law, FDB is allowed to use teenagers in order to verify if stores are selling to underage youth. Participants selected to work with FDB investigators will attempt to purchase tobacco products at tobacco retail outlets under FDB supervision. Valid identification (CA ID or Driver's License) by the youth will be shown ONLY if requested by retailers. Youths will be trained and instructed to avoid confrontation. If a sale is made to a youth, FDB has the authority to fine the storeowner for an illegal sale. Youth are never on site when a store is informed of this. The FDB investigator will notify the storeowner of the illegal sale a few days after the youth purchase. If a citation is appealed by the store, your son or daughter will never be requested to make a statement. The FDB investigator will handle all legal proceedings, not the youth. The youth's identity is highly confidential and never released.

Annual Youth Survey Participation:

The Annual Youth Survey Contractor does not enforce illegal sales, but rather surveys if a store sells or does not sell tobacco to youth. The purpose of the survey is data collection, not enforcement. A staff member, such as a research assistant, will supervise youth to participate in the youth purchase survey. The Annual Youth Survey Contractor does not fine stores if a purchase is made.

All youth work after school, on weekends, or during vacation. On average, participants will work 3-4 hours in one day per year. Investigators will contact your son or daughter with opportunities to work and with further instructions. The opportunity to work is very sporadic and at any time of the year.

(Please see FAQs for further detail.)

Incentives for Applying:

We reimburse for the CA ID or Driver's License, a \$26 value. For working in enforcement or for the youth purchase survey, youth are rewarded \$5 for every store they visit regardless of whether there is a sale. At 17 years old, a letter of recommendation will be sent to your son or daughter for volunteering their time. Other incentives are offered throughout the program, such as gift certificates and movie passes.

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 STAKE Act, please contact Jim Blagg at 1-877-STAKE ID or e-mail at stakeact@pacbell.net.

Sincerely,

Jim Blagg
Project Director

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



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.

Dear Future Youth Agent:

Thank you for your interest in the Stop Tobacco Access to Kids Enforcement (STAKE) Act Program. We are excited that you want to join our team of undercover agents. Participating in our program gives you excellent work experience and the opportunity to give back to your community. Volunteering for STAKE Act means that you want to help stop the illegal sale of tobacco to minors.

The STAKE Act Program encompasses two types of youth purchases: 1) Enforcement Operations conducted by the Food and Drug Branch (FDB), and 2) the Purchase Survey conducted by the Annual Youth Survey Contractor. For both of these activities, you will attempt to buy tobacco products under the supervision of a staff member. Your safety is our highest concern, which is why you will be supervised and protected by our staff at all times. *(Please see Letter to Parent and FAQs for more details.)*

Incentives for Applying:

- Receive a gift card for signing up!
- Reimbursement for California Identification Card or Driver's License!
- Letter of Recommendation from the American Lung Association!
- Receive \$5 per store when you work and more!

Steps to Apply:

1. Complete forms within this packet, but please **do not** use black ink. Return forms to:
S.T.A.K.E. Act 4948 N. Arthur Ave., Fresno, CA 93705
Forms include:
 - HIPPA Release Form Authorizing Sharing of Information
 - Application for Participation in Youth Tobacco Purchase Survey/ Enforcement Activities
 - Consent Form for Purchasing Tobacco Products for the Statewide Survey Program and Medical Consent Form
 - Parent/Guardian Consent form for Purchasing Tobacco Products for Tobacco Enforcement Programs
 - Recommend a Friend Form
2. Attain a valid California ID or Driver's License (if eligible).
 - a. If you have ID: simply attach a copy of the ID to the application and we will reimburse you for the \$26 value of the ID.
 - b. If you Do Not have ID: Visit your local DMV to attain one. When you visit the DMV, they will demand your ORIGINAL birth certificate from CA in order to apply. If you were born outside of CA, please verify with us if you are eligible to get an ID. There is a \$26 fee at the DMV, but we will reimburse you if you provide proof of ID (receipt or copy of ID). A list of DMV offices is enclosed on the back of this packet.

When you obtain your California ID or Driver's License, send the receipt or copy of ID to:

By Mail - STAKE Act 4948 N. Arthur Ave., Fresno, Ca 93705

By Fax – (559) 221-2081

By Email – stakeact@pacbell.net

You can send application without ID, but your enrollment will be pending until we receive proof of ID.

Once we receive your application and proof of ID, we will call you for a brief phone interview. After the phone interview, your application is COMPLETE! We do not know when you will work, but you are only expected to work once or twice a year and this could be at anytime of the year. Investigators will call you for scheduling, usually 2-3 weeks in advance. They will try to work around your schedule. Again, thank you for your interest. If you have any questions, please call 1-877-STAKE-ID or 1-559-226-5348.

Sincerely,

Jim Blagg
Project Director

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

**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



S.T.A.K.E. Act Application for Participation

(Please clearly PRINT all responses and complete both sides of this page.)

Name: _____ Female Male

Date of Birth: (/ /) Current Age: _____ Height: _____

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

E-mail Address: _____

Street Address: _____ City: _____ Zip: _____

Check Here if Mailing Address is same as Street Address

Mailing Address: _____ City: _____ Zip: _____

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

Name of Parent/Guardian: _____

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

Alternate Contact: _____ Relationship: _____

Street Address: _____ Home Phone: () _____

Name of School: _____

School Address: _____ Cross Street: _____

What time do you get out of school? _____

What time are you done with after-school activities? _____

School- System: 2-semester calendar (summers off) Track System Home Schooled

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

1. Do you have a valid California ID Card or Driver's License? Yes (answer A) No (read B)

A. If Yes: What is your ID number (located at top of ID)?

California ID: _____ OR Driver's License: _____

Please attach a copy of your ID with this application.

B. If No: You can send this application without ID, but your application will be pending until we receive proof of your ID. To get a CA ID or Driver's License, you must take your ORIGINAL Birth Certificate to your local DMV. Once you visit your local DMV, you can send in your DMV receipt or a copy of your ID as proof of ID. A list of DMV locations is attached to this application. Call us at 1-877- STAKE ID if you have questions about getting your ID.

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

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

6. 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.
-
-

7. Do you have any tattoos? Yes No
If so, explain where they are located and how many:
-

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

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

10. List your previous employment and/or community and school activities (include 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: _____

11. What times and days are best to reach you? _____

12. How did you hear about S.T.A.K.E. Act? _____

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

Signature of Youth

Date

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.)