



# Sample Youth Health Education Agreement

I \_\_\_\_\_ understand the following:

1. I am responsible for completing 12 FASTNet clients a month. That includes taking their identification pictures, laminating their cards, giving them printed referrals, and typing out their demographic information. After each CCG card is laminated, I will show it to \_\_\_\_\_ (staff name).
2. I am responsible for conducting outreach to five different people a day and documenting each contact by listing their demographic information such as their name, age, ethnicity, place where I met them, sexual activity and phone number.
3. I am responsible for submitting a weekly work schedule to \_\_\_\_\_ (staff name). If a schedule is not submitted, I will be unable to work outside of our weekly meeting.
4. I am responsible for typing all FASTNet numbers on a disk and saving them. My disk will be collected each month by \_\_\_\_\_ (staff name).
5. I am not allowed to distribute condoms on school district property including the parking lots, football fields, and sidewalks.
6. Outreach may only be conducted if supervised by an adult Youth Health Education staff member, if I am a JTPA participant.
7. I am not allowed to conduct outreach to recruit FASTNet participants after 6 p.m. Monday through Friday and am not allowed to work on weekends unless approved by \_\_\_\_\_ (staff name) and supervised.
8. I am responsible for submitting a monthly report by the last day of the month, and all documentation such as outreach forms must be stapled and submitted with the monthly report.
9. I cannot conduct a Life Skills Training class without supervision from an adult staff member of Youth Health Education.
10. All students in the LST must have a parent permission form signed before participating, a CCG card and number, prior approval from \_\_\_\_\_ (staff name), and sign in sheets.

\*\* Over \*\*

11. I am responsible for graduating 12 students in my LST class or six students per semester. All LST classes must be facilitated by at least two peer advocates and supervised.
12. I must wear my Health Department identification when conducting outreach as well as my PATHS shirt.

By signing this form, I agree and understand the above stated rules. I also understand that I will be counseled for violation of any of the rules.

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Signature

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Date

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Supervisor Signature

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Date

Adapted from Long Beach Health Department, Youth Health Education

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