



Native HOPE

2018 Youth Registration Packet

United Indian Health Services, Inc. Ko'l Ho Koom' Mo program is proud to announce a **Native HOPE** event to be held at **Bear River Community Center**. Youth participants will be attending this event from **July 17-19, 2018**. All participants will be staying the night at the Bear River Casino and Resort during their two night stay.

Native Helping Our People Endure (HOPE) is a program focused on strengthening the capacity of American Indian/Alaska Native/First Nations teens and young adults to help each other, their families, schools and communities by using their sources of strengths, including culture and spirituality, to break the code of silence and unhealthy multigenerational cycles.

American Indian youth ages 12-17 are eligible to participate. Registration is based on a first-come, first-served basis.

We have a total of 40 spots open and all spots will be given on a first-come, first-served basis to those who can commit to attending the full 3 days. Please be sure to get your application in immediately. We will connect with all chosen applicants by July 13 to inform you of your selection.

If you have any questions or need more information, please contact:
Alissa Leigh (707) 825-4083.

Return Completed Registration Form To:

By mail or drop off:

Attention: Alissa Leigh
United Indian Health Services, Inc.
Community Health and Wellness Department
1600 Weeot Way
Arcata CA 95521

By email:

Alissa Leigh
Alissa.leigh@carihb.org

By Fax:

(707) 825-5055

THIS IS A DRUG, ALCOHOL, AND TOBACCO FREE EVENT!

Registration deadline is July 6





Youth Registration Packet

Youth Information

Youth's Name (First, Middle, Last):		
Youth's Mailing Address:		
City:	State:	Zip:
Youth's Phone Number:		
Youth's Tribal Affiliation:		
Youth's Date of Birth:		
Youth's Current School and Grade level:		
Roommate Preference (if any):		
Youth's T-shirt Size (please circle): Small Medium Large X-Large XX-Large		

Parent/Guardian Information

Parent/Guardian's Name (First, Middle, Last) :		
Parent/Guardian's Mailing Address:		
City:	State:	Zip:
Parent/Guardian Phone Number:		
Parent/Guardian's Email:		

Other Information

How did you or your youth hear about this event?				
<input type="checkbox"/> Friend	<input type="checkbox"/> Family	<input type="checkbox"/> UIHS website	<input type="checkbox"/> TAG	<input type="checkbox"/> Newsletter/Newspaper
<input type="checkbox"/> Facebook	<input type="checkbox"/> Other: _____			

Schedule

Date	Time	Activities/Purpose
Tuesday, July 17	11:00 am – 9:00 pm	<p>Daily activities:</p> <ul style="list-style-type: none"> • Registration/Affirmations/Socializing • Welcome/Blessing/Introductions/Overview • Norms and expectations • Team building/formation • Team presentations • Breaking unhealthy cycles • Fun games/energizers • Cultural activities • Wishes/Announcements/Closing <p>Purpose of all activities:</p> <ol style="list-style-type: none"> 1. Personal development 2. Helping skills 3. Leadership development
Wednesday, July 18	8:00 am – 9:00 pm	<p>Daily activities:</p> <ul style="list-style-type: none"> • Affirmations/Socializing • Welcome/Blessing/Introductions/Overview-of current day and previous day. • Fun games/energizers • Strategic action planning • Presentation • Cultural activities • Wishes/Announcements/Closing <p>Purpose of all activities:</p> <ul style="list-style-type: none"> • Personal development • Helping skills • Leadership development
Thursday, July 19	8:00 am – 3:00 pm	<p>Daily activities:</p> <ul style="list-style-type: none"> • Affirmations/Socializing • Welcome/Blessing/Introductions/Overview-of current day and previous day. • Peer-to-peer presentations • Fun games/energizers • Presentation of strategic action plan • Cultural activities • Wishes/Announcements/Evaluation/Closing <p>Purpose of all activities:</p> <ul style="list-style-type: none"> • Personal development • Helping skills • Leadership development • Strategic action planning



Transportation

Limited transportation to and from **Native HOPE** is available for youth living in the UIHS service area. Transportation is on a first-come, first-serve basis. Transportation is only available on the morning of **July 17**, and at the end of the last day of the event on **July 19**. Youth will be staying **at the Bear River Casino and Resort** with other youth participants for **two nights**.

<i>Does your child need transportation TO the event?</i> YES NO
If you answered yes, what address should they be picked up at:

<i>Does your child need transportation FROM the event?</i> YES NO
If you answered yes, what address should they be dropped off at:

<i>On the last day of Native HOPE if your child <u>does not</u> need UIHS to transport them home, who will be picking them up from Bear River Casino?</i>
Name of individual:
Relationship to child:

On the last day of Native HOPE (Thursday, July 19) **pick up will begin at 3:00 pm** in the Bear River Casino and Resort lobby. It is important that all participants stay to the very end of the camp and do not leave prior to 3:00 pm.



Lodging

Youth will stay at the **Bear River Casino and Resort** at **11 Bear Paws Way in Loleta** where **Native HOPE** is being held. Youth will be supervised at all times by UIHS staff and hired chaperones.

What will be provided?

- Bed linens
- Blankets
- Pillow
- Towels
- Soap

What will your youth need to bring?

- Light jacket/sweatshirt
- Shirts
- Jeans/pants
- Underwear & socks
- Pajamas
- Shoes
- Toothbrush & toothpaste
- Hairbrush/comb

Please **DO NOT** Bring:

Knives, lighters or weapons. E-cigarettes are not allowed. UIHS will not be responsible for any items that are lost, stolen, or damaged at the event. **THIS IS A DRUG, ALCOHOL, AND TOBACCO FREE EVENT!**

Technological Devices:

IPODS, MP3 players, CD players, tablets, cell phones or any other electronics, **are not to be used during camp activities** except during breaks, lunch or while in room. If devices are being used during unauthorized times, technological devices will be taken away for the rest of the day. United Indian Health Services, Inc. will not be responsible for any items that are lost, stolen, or damaged at the event.

Consent to Search:

All youth will be searched for non-allowable items before they will be assigned to a room. If any items are found those items will be held by UIHS staff. If items such as tobacco products, e-cigarettes, drugs or alcohol are found, youth will be sent home.

Meals

All youth participants will be provided meals and snacks throughout the event.



Consent/Authorization Forms

Parent/Guardian Consent for Native HOPE:

I hereby give my minor child _____ permission to attend the **Native HOPE** event at **Bear River Casino and Resort, July 17-19**. This participation will consist of a **3 days** and a curriculum that addresses healing as a community through participation in small group team-building activities, art and cultural activities, and lessons led by adult facilitators. My child will also participate in evening recreational and cultural activities. ____ (**initial**)

Dismissal from Event:

I understand that I will be contacted to pick up my child for any illness, fighting, bullying, behavioral problems and/or use of any substance such as drugs, alcohol, tobacco, or e-cigarettes. In addition, any inappropriate images/text messages/videos that are shared on technological devices could result in an early dismissal from the event. ____ (**initial**)

Attendance:

I understand that Native HOPE is a 3-day event that requires my child's attendance during all scheduled times. I hereby agree that my minor child _____ will commit to participating in the entire 3-day event, Tuesday July 17 from 11:00 am – 9:00 pm, Wednesday July 18 from 8:00 am – 9:00 pm and Thursday July 19 from 8:00 am – 3:00 pm. ____ (**initial**)

Use of Technological Devices:

I understand that my child will only be able to use electronic devices during breaks, lunch or while in their room. If my child is caught using their electronic device during an unauthorized time it will be taken away. I have discussed these rules with my child. ____ (**initial**)

Lost/Stolen Items:

I understand that if my minor child _____ has any personal items that are lost, stolen or damaged at the event that United Indian Health Services, Inc. is not responsible or liable for them. ____ (**initial**)



Photo/Video/Audio/Name Release Form — Minor

I grant permission to use photographic and/or video images and/or audio recordings and/or name of my minor child(ren), without compensation, in print, video, online, and/or any other analog or digital media designed for news, informational or educational purposes related to the United Indian Health Services, Inc. programs and services.

Child(ren)'s Name:		
Print Parent or Guardian's Name:		
Address:		
City:	State:	Zip:
Phone Number:		

Parent/Guardian

Signature: _____ **Date:** _____



Medical Authorization for Treatment of a Minor

I hereby authorize United Indian Health Services, Inc., as an agent for the undersigned to consent to any x-ray examination, anesthetics, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practices Act or the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent or agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to the above named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health Safety code of California. These authorizations shall remain effective through [insert date] unless sooner revoked in writing and delivered to said agent.

Emergency Contact:
Child's Doctor:
Any medical conditions to be aware of:
Food/medicine allergies:

Parent/Guardian

Signature: _____ **Date:** _____



Medication:

If your child will require medication during summer camp, please provide the following information:

Type of Medication	Dose Amount/ Frequency	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Information


Insured's Name:
Name of policy:
Policy Number:

NOTE: All medications must be provided to staff during the check-in process. Medications will be safely and properly stored and will be dispensed by staff to minor child as prescribed on the bottle. All medications are to be in original prescription packaging.

Emergency Contact:

If you need to contact your child due to an emergency during the event, please call: Supervisor, Rob England at (707) 845-4940.





Parent/Guardian Consent for Participation of Child in Evaluation of Native HOPE Event,
Connie Stewart, Executive Director
California Center for Rural Policy, Humboldt State University

Why are we asking for your permission?

Your child is invited to participate in a program evaluation of the Gathering of Native Americans (GONA), **Native HOPE**, or Sources of Strength because he or she will be participating in that event. His or her participation in the program evaluation is voluntary. The decision to participate or not in the program evaluation will not affect your child's involvement with the program.

PURPOSE OF THE PROGRAM EVALUATION– What will be evaluated?

The program evaluation will ask youth to answer questions about their experience in the program and how they might help someone they know or their community. Your child may also be asked to be a part of a talking circle later in the year to understand how the training might have impacted him/her.

PROCEDURES INVOLVED IN PARTICIPATING IN THE PROGRAM EVALUATION – what will your child have to do?

If you agree to let your child volunteer to participate in this program evaluation, here is what he or she will be asked to do:

- 1) Complete two brief surveys (one at the beginning and one at the end of the program) that will ask questions about they have learned from the experience, what they think they can do with what they have learned, and questions about how the program was conducted.
- 2) Within 6-9 months, your child may be asked to participate in a talking circle with other youth program participants, to understand what impact the program had had on them.

POTENTIAL RISKS – what are the risks and possible problems if your child takes part in this program evaluation?

The possible risk involved may be temporary feelings of emotional discomfort related to the topic of suicide prevention. We will try to ease any discomfort by asking youth to describe what sources of strength they have that they can use to bolster their own personal wellness and to be a strong leader amongst their peers. In addition, the event facilitators are trained to help youth participants be comfortable and feel supported.

POTENTIAL BENEFITS– how will this program evaluation help your child?

Benefits to your child include increased understanding and documentation of the impact of the program on youth participants and on their peers regarding what works well to help prevent suicide in American Indian youth. The findings will be used to inform other groups, community and tribal leaders, program directors, and funders on effective suicide prevention strategies and methods for working with American Indian youth and communities.

PAYMENT FOR PARTICIPATION– What will my child receive?

If your child is selected for a talking circle, he or she will receive a \$25 gift certificate. However, for participating in the brief surveys, your child will not receive financial payment.

CONFIDENTIALITY– Who will know about what my child says?

Your child's responses to survey or talking circle questions are confidential. The surveys that your child takes will ask for birthdate and first and last initial, and this information will remain confidential and not be made public to anyone outside the evaluation project. If your child participates in a talking circle, his/her responses will be recorded on a form that does not have your child's name on it.



PARTICIPATION AND WITHDRAWAL– Can my child stop answering if he or she doesn’t want to continue?

Your child’s participation in this program evaluation is VOLUNTARY. His or her decision whether or not to participate will not affect his or her relationship with the school or any community programs. If you give permission for your child to participate, he or she is free to withdraw consent and discontinue participation at any time.

NAME OF PROGRAM EVALUATOR– Who can I talk to about the program evaluation?

If you have any questions or concerns about your participation in this evaluation, please feel free to contact Connie Stewart, Primary Investigator for Ko’l ho koom’ mo (Working Together) Project:

Connie Stewart, Executive Director
California Center for Rural Policy
Humboldt State University
1 Harpst Street
Arcata, CA 95521
(707) 826-3402
ces54@humboldt.edu

RIGHTS OF PARTICIPANTS IN THE PROGRAM EVALUATION– What are my rights as a parent/guardian and my child’s rights?

You or your child may withdraw consent at any time and discontinue participation without penalty. Your child is not waiving any legal claims, rights or remedies because of his or her participation in this program evaluation.

You may withdraw consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this program evaluation. If you have any concerns or any dissatisfaction with any part of this study, you may contact the Institutional Review Board for the Protection of Human Subjects at irb@humboldt.edu or (707) 826-5165.

Approval Date

This form was approved in July 2017 for use for one year.

Permission by Parent / Guardian for Child to Participate

I have read and understood what it means for my child to participate in the program evaluation. By signing this informed consent form, I give permission for my child or ward to be a part of this program evaluation. I will receive a copy of the consent form.

Printed Name of Parent/Guardian Signed Name of Parent/Guardian Date

Printed Name of Evaluator Signed Name of Evaluator Date

