



YOUTH APPLICATION FORM

Please PRINT your responses

Name: _____

Female Male Other Gender Identity _____

Preferred Pronouns: (*he, him, his; she, her, hers; they, them, theirs*) _____

Current Age _____ Date of Birth (mo/day/yr) _____

Phone Number () _____ - _____ What time of day can you be reached most easily? _____

Email Address _____

Street Address _____

City _____ Zip Code _____

High School you are attending: _____

List your previous employment and/or community and school activities (include full or part-time employment, volunteer positions, clubs, church groups, sports, school clubs, etc.):

Please Check the Correct Answer

Do you use tobacco products (cigarettes, cigars, smokeless, e-cigarettes)? Yes No

Have you ever participated in anti-tobacco programs, projects, or events? Yes No

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

Signature

Date



PARENT/ADULT GUARDIAN RELEASE

Your signature on this form indicates your consent for your child to participate in the tobacco compliance investigation program, and to possibly purchase tobacco products under adult supervision as part of the Wisconsin Wins program.

The purpose of this investigation program is to gather data on sales of tobacco products to minors and to enforce the law forbidding sales to underage youth. Your child could be involved in enforcement efforts as part of this program. This includes the remote possibility of testifying to their actions. Any data that may be published in scientific journals or other publications will not reveal the name of your child participating in this survey unless we have your permission. Your permission will also be requested if your child is asked to participate in any media event related to the survey.

Participation in the survey is voluntary. Your child has the right to stop at any time. All tobacco products purchased by your child during the survey will be collected by project staff and disposed of properly.

I hereby give my consent for my child, _____, to participate in the retail tobacco compliance check survey, which will require my child to purchase tobacco products under adult supervision.

Address _____

Phone () _____ - _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

I would like to be a parent/guardian participant and will accompany my child. Yes No



EMERGENCY MEDICAL CONSENT FORM

Name _____

Street Address _____

City _____

Zip Code _____

Signature

Date

I hereby give my consent to have the above-signed participant treated by a physician or surgeon at my expense in the case of a sudden illness or injury while participating in the retail tobacco compliance check survey activities. If a personal physician is listed below, every effort will be made to contact that physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Signature of Parent or Guardian

Date

Please provide the information below if applicable. Please Print.

Name of Family Physician or Medical Group

Phone Number

Medical Insurance Coverage and/or Medical Group Number