

Parent Volunteer Letter (2019-2020)

Sexual Risk Avoidance Education (SRAE) CFDA Number. 93.060

*This form must be completed in its entirety before the student is allowed to participate in the SRAE Program.

Dear Parents/Guardians:

Eastern Carolina Human Services Agency, Inc. is a partner in the federally-sponsored *Sexual Risk Avoidance Education (SRAE)* grant. This initiative will support specific activities to prevent unplanned teen pregnancy, promote healthy relationships, and encourage adolescent behaviors to avoid poverty as adults in up to twelve NC counties. Several nonprofits and school districts have been involved in similar grant initiatives with CJH, such as Competitive Abstinence Education, and will continue with SRAE.

VOLUNTARY PARTICIPATION. The purpose of the **Sexual Risk Avoidance Education (SRAE) Program** is to implement sexual risk avoidance education that teaches participants how to voluntarily refrain from non-marital sexual activity. Project services will include an 8-hour curriculum which will include topics teaching the benefits associated with self-regulation and success sequencing for poverty prevention. 'Choosing the Best' is the 2018-19 curriculum presented from a health awareness standpoint and must be medically-sound, evidence based and age appropriate. This mission is accomplished by offering a research-based education curriculum to adolescents through voluntary participation in school, after-school, Saturday, or summer school sessions. The curriculum for this year is *Choosing the Best (Journey series)*. For more information log on to: <http://choosingthebest.org>.

Parental Agreement

I understand that participation in the Sexual Risk Avoidance Education is **VOLUNTARY** and that if I wish to have my child removed from this program, I have that option.

MEDIA COVERAGE is a significant component of the project. Positive photographs, posters, flyers, brochures, billboards, newsletters, TV coverage, videos, newspaper articles, websites and internet publicity featuring photographs or videos of participating youth may be developed and distributed publicly to advance the SRAE project and mission. You may **opt out** of your teen's participation in our media coverage by indicating your preference below.

MEDIA CONSENT Parental permission is needed to use photographs or videotapes of your child in project-related media coverage. Photos may appear in publicity releases, brochures, newsletters, flyers, or other documents or other public venues.

I am the parent/guardian of the child named above. **(REQUIRED)**

I **DO NOT** want my child to participate in any media campaign.

I **GIVE** permission for my child to participate in the approved curriculum and to include my child's image for publicity release sponsored by the Sexual Risk Avoidance Education grant.

Teen's Name: _____

Grade _____ Age _____ High School _____ County _____

Parent/Guardian Name (Please PRINT) _____

Parent/Guardian Phone Number _____ Email _____

Parent/Guardian Signature _____

Home Address _____

Emergency Contact _____ Phone _____

Session Date: _____ Location: _____

Optional: I give permission for _____ to transport my child to/from the SRAE session at no liability to Eastern Carolina Human Services Agency, Inc.

Parent/Guardian Signature