



Students needed for a new Action Group!
Join the
Youth Tobacco Action Group of Mercer County

Please apply or nominate youth that would be interested in joining the **Youth Tobacco Action Group of Mercer County (YTAG-MC)**! Youth will be advocates for tobacco and vaping policies, be actively engaged in tobacco and vaping prevention activities, and will carry out an educational awareness campaign. We will use media campaigns which will be created with youth ideas and input.

What's In It For Me?

Joining this type of group will give students tons of new experiences - the chance to learn and hone leadership skills, make a difference in the community, use youth perspective and creativity to create outreach campaigns, and provide the opportunity to make new friends throughout all of New Jersey.

YTAG of Mercer County will:

- Host **Monthly Meetings** for the **Youth Tobacco Action Group** and provide opportunities to have youth engaged in school and community activities and participate in training opportunities offered by NJ Prevention Network.
- Establish youth leadership and identify **two** representatives to participate in the State Youth Advisory Group; Engage students in creating campaign messaging ideas that address current trends in tobacco in their communities and school; Engage youth in school and community policy advocacy.
- Promote identified school and community policies and initiatives to ensure the use of best practices throughout New Jersey.

Most meetings and activities will be held at the **Mercer Council on Alcoholism and Drug Addiction** at 1931 Brunswick Avenue in Lawrenceville, NJ (across from CVS on Business Rt 1), but we will see what works!



For questions or more information,
please contact Malissa Arnold at
marnold@mercercouncil.org or 609-396-5874.
Be part of keeping Mercer County
healthy and safe!

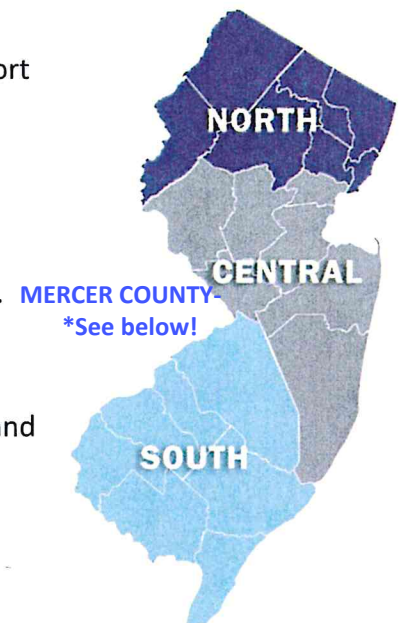
YOUTH TOBACCO ACTION GROUPS

Tobacco-Free
FOR A HEALTHY NEW JERSEY

NJ Youth Tobacco Action Groups

Tobacco Free for a Healthy NJ's **Youth Tobacco Action Group (YTAG) Program**, a prevention and cessation program for youth 13 - 18 years old, will be implemented in each county with funding from the New Jersey Department of Health, Office of Tobacco Free, Nutrition & Fitness. NJPN is the lead agency for this program and will implement a statewide coordinated program with established groups in every county and a state leadership team. TFHNJ has Regional Coordinators (North, Central, and South) who will be coordinating many local partners to successfully decrease youth tobacco use and initiation.

The County **Youth Tobacco Action Groups**, with adult guidance, will lead this effort to educate and mobilize their peers across the state to take action in creating tobacco free communities. The **State Youth Tobacco Action Group** will have representatives from each county group who will be actively participating in planning and creating key components of this work, creating campaigns and strategies that will empower their peers to make positive changes in New Jersey. All activities will focus on the risks associated with electronic nicotine delivery systems (ENDS), other non- cigarette tobacco products and tobacco products amongst youth, and to support, as appropriate, the work of youth engagement and community change. Split into three regions (pictured right).



PROGRAM GOALS

1. The **Youth Tobacco Advisory Group** will create campaign components that utilize the following areas:
 - **Counter-Marketing and Media Advocacy**
 - **Social Norm Change**
 - **Conduct Social Media Education Campaigns**
2. The **County Youth Tobacco Action Groups** will collaborate with the Regional Tobacco Collaboratives on local policy and Point of Sale strategies being implemented in their community.
 - **Community and School Approach**
 - **Involvement in Local Policy Work**
 - **Increase the unit price of tobacco products**
3. The Regional Tobacco Collaboratives, the **State Youth Tobacco Advisory Group** and the **County Youth Tobacco Action Groups** will all encourage school and community policy changes to establish a non-punitive response to students/youth smoking and vaping. Educational and cessation models will be promoted to be used as an alternative to suspension or other punitive response.

Youth Tobacco Action Group Program

tobaccofreeNJ.com

MERCER COUNTY*

Rising 8th graders to rising Seniors

contact Malissa Arnold at marnold@mercercouncil.org

Youth Tobacco Action Group Membership Form

A program of Tobacco Free for a Healthy NJ

PERMISSION SLIP AND RELEASE FORM

FOR ACTIVITY PARTICIPATION IN Youth Tobacco Action Group of MERCER COUNTY
PROGRAMS AND ACTIVITIES

Date:				
Participants Name:				
Grade & Age				
School				
Cell Phone:				
Email:				
Address:				
County:		City:		Zip code:
Coalition Name:				
Coalition Youth Coordinator/Contact Person:	Malissa Arnold			
Phone:	609-396-5874			
Email	marnold@mercercouncil.org			
Youth Group Name:	Mercer County YTAG			

I hereby grant permission for my child to participate in the Youth Tobacco Action Group of Mercer County. I understand that my child participates in these activities at their own risk and that Youth Tobacco Action Group of Mercer County and NJPN are not liable for any injury, personal or otherwise, to my child or caused by my child. Should any problems arise concerning the behavior of my child, I understand that I am expected to pick up my child from the location of the event or activity at my own expense. I recognize that Youth Tobacco Action Group of Mercer County uses photographs and video images of events for publicity materials such as the Youth Tobacco Action Group of Mercer County and TobaccoFreeNJ.com website, newspapers, newsletters, and Facebook page. I understand that by signing below I am granting permission for photo/video images of my child to be taken and used for such purposes. I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent. I understand that I am responsible for any medical expenses.

Signed: _____ Date: _____
Parent or Legal Guardian

Work Phone: (____) _____ [] *please contact this number first*
Cell Phone: (____) _____ [] *please contact this number first*



Additional Emergency Contact Information			
Emergency Contact #1:			
Relationship to Participant:			
Day Phone:		Night Phone:	
Emergency Contact #2:			
Relationship to Participant:			
Day Phone:		Night Phone:	

Medical Information Form
Special Medical Conditions: <i>allergies, chronic illness, or other conditions:</i>
Any medical or information we might need to know: <i>Special needs/considerations, concerns</i>

ABOUT YOU <i>(to be filled out by youth)</i>
Please tell us in a sentence or two why you want to become a member of the Youth Tobacco Action Group of _____
What experience, interests, skills, and/or talents might you bring to the Youth Tobacco Action Group _____?

How do I want to be involved?
(Circle All that Apply)

State Action Group	Press/Media Rep.	County Leadership Position
Recruiting Other members	Mentoring Younger Kids	Leading Community Activities
Newsletter Writing	Community Service	Flyer/Poster
Public Speaking	Other	Other