



MGM S.W.A.T. Team Application

Student Name (Print) _____

Teacher Recommendations:

*****Teacher recommendations should include teachers that can speak on your character and work ethic.**

1. _____
2. _____
3. _____

Are you comfortable speaking in front of a large group of people? Yes/No

Are you comfortable with online meetings? Yes/No

2020-2021 School Year

Grade _____ Age _____ Will you drive to school? _____

Cell phone# _____

Will you be in co-op? _____ Will you go to Faulkner? _____

Application/Interview Requirements:

1. Complete application and submit by deadline.
2. Complete required paperwork for the Mobile County Health Department.
3. Schedule and complete online interview.
 - a. Grades, attendance, and discipline will be checked. Students who do not have at least a 2.5 GPA will not be considered. Students with poor attendance and discipline issues will not be considered.
 - b. Students will schedule an interview with Ms. Holliman to be conducted November 30-December 4 online using WebEx. S.W.A.T. is a student organization that works in conjunction with Mobile County Health Department to bring awareness of the effects of tobacco use on the community. Students act as peer educators visiting grades 4-8 in the classroom and in virtual classrooms. Each visit helps to increase awareness in our

community as a whole. During recruitment, we will seek well-rounded individuals that are up to the challenge of being a school and community representative working for change.

- c. Email applications to mholliman@mcpss.com. Subject line: SWAT 2020-2021. After your email is received, you will be emailed a link to schedule your interview.
- d. Dues will be waived for all members during the 2020-2021 school year.

All applications are due to Ms. Holliman in room 422 or by email no later than 3:00 PM Friday, November 20, 2020.

I, the parent of _____, approve that my child participates on Mary G. Montgomery's S.W.A.T. team if accepted as a member.

Parent Signature



**Mobile County Health Department
Students Working Against Tobacco (S.W.A.T.)
Parent/Guardian Consent**

PART A: Parent/Guardian Consent

Parent/Guardian's Name: _____
(Please print) **First** **Last**

Street Address: _____

City/State/Zip: _____ / _____ / _____

Home Phone: () _____ - _____ Cell Phone () _____ - _____

Email: _____

_____ has permission to serve on the MCHD/S.W.A.T. Team.
Print Child's Name

CONSENT: I hereby consent to participation by my child in the MCHD/S.W.A.T. team program activities to support the Students Working Against Tobacco Initiative. I hereby give my approval for my child's voice/verbal statements, written statements, portraits and/or video to appear in publicity, publications and/or public relations activities to support the MCHD/S.W.A.T. Team Initiative. The use of my child's voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Mobile County Health Department's S.W.A.T. Team and is considered the property of the Mobile County Health Department in perpetuity. No consideration, monetary or otherwise, shall be paid.

RELEASE OF LIABILITY: I hereby release and hold harmless the Mobile County Health Department, and their employees, agents, representatives and volunteers from any and all liability and claims arising from any illness or injury to my child and for any loss of property arising during said child's participation.

Parent's Signature: _____ Date _____

Parent's Signature: _____ Date _____

Mobile County Health Department

PART B: Release Agreement Form

AGREEMENT FORM

As a condition of participation in the Mobile County Health Department's Students Working Against Tobacco (S.W.A.T.) Team, each teen applicant and his or her parent or guardian must agree to the following:

Please **CHECK** each to indicate you have read and understand each requirement.

- We, the parent and applicant, understand that all members must be present to assigned presentations given by the coordinator and school sponsor.
- In addition, I, the applicant may be required to travel to local schools to give presentations.
- I, the applicant, will make the required commitment of time and energy, and I will respect all rules established by Mobile County Health Department's Students Working Against Tobacco (S.W.A.T.) Program staff.
- I, the applicant, understand that I may be asked to speak to national and / or local media about the role of teens in tobacco prevention.
- I, the applicant, am between the ages of 15-21 as of May 31, 2016.
- I, the applicant, reside in Mobile County.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____



Students Working Against Tobacco Membership Responsibilities

- Because I am a role model to youth, I will remain **tobacco free!**
- I will attend S.W.A.T. orientation.
- I am responsible for checking with the sponsor each week, for information on upcoming events.
- I will attend **mandatory** meetings of the **S.W.A.T.** group as scheduled, at times to be announced.
- I will participate in tobacco presentations, during the **2020-2021** school year and participate in events on campus. **(Freshmen and Sophomores will work on campus events ONLY)**
- I will return my signed field trip forms in at least **two** days before assigned presentations and I will talk with the sponsor the evening before the trip, to discuss details for the following day, including transportation to the assigned school.
- If I am unable to attend an assigned field trip I understand: **(1)** I must find someone to replace me; **(2)** I must provide them with my field trip form in time for them to return it two days before the field trip; **(3)** I must notify the sponsor of my replacement for approval.
- I understand that my **responsibilities at the assigned schools include:** **(1)** arrival at the school 15 minutes before presentations begin, to discuss group plans for the day; **(2)** returning to the school from lunch on time; **(3)** remaining at the assigned school the entire day, unless previously arranged with the sponsor; **(4)** arranging for a replacement, to relieve me, if I have to leave the school early; **(5)** wearing the appropriate uniform for school attendance and otherwise conducting myself as a professional.
- I am responsible for contacting the sponsor concerning any unexpected or extenuation circumstances.
- For virtual presentations, I will attend a meeting the day before to go over expectations for the presentation.
- I will have my camera on and room free of distractions during online presentations and meetings.

I agree to the above requirements and I understand that failure to meet my obligations may result in my suspension from the organization.

NAME (PRINT)

DATE

SIGNATURE

SCHOOL

PHONE NUMBER

S.W.A.T. Social Media Policy

In our current society, it is important to maintain a clean public reputation. How we carry ourselves online is just as important as how we carry ourselves in person. Students participating in school clubs consent to a school wide social media policy by joining the club. Students exhibiting behaviors online that are equivalent to in school discipline issues will resign from clubs on campus where they hold membership. Grounds for resignation/dismissal are as follows:

1. Students will be dismissed for online bullying.
2. Students will be dismissed for fighting online or posting fights.
3. Students will be dismissed for vulgar language.
4. Students will be dismissed for illegal activities portrayed online.
5. Students will be dismissed for verbal or non-verbal actions against the school.

Student Name (Print) _____

Student Signature _____

Parent Name (Print) _____

Parent Signature _____