SECOND CHANCE
ORGANIZATION AGREEMENT

_________________________________________ agrees to the following beginning ___/___/___:

Typed or Printed Organization Name

Date

• Implement the Second Chance program as a consequence for all tobacco policy violations, including electronic nicotine devices.

• Maintain a Second Chance Program Administrator on staff to enroll youth in the Second Chance program as an alternative to punitive consequences and/or community fines, or for youth education on tobacco or other nicotine products.

• Review organization policy and practices as they relate to tobacco and other nicotine product use, specifically related to violations and consequences.

• Assure and verify that all enrolled youth complete the entire Second Chance program.

• Complete an annual evaluation (interview or survey) on the implementation of Second Chance.

• Participate, as needed, in training opportunities to learn more about tobacco-free schools policies and practices.

• Maintain monthly contact with RMC Health project staff.

RMC Health agrees to the following:

• Provide training, technical assistance, and resources to Second Chance Program Administrators to ensure successful implementation and evaluation of the Second Chance program.

• Provide model tobacco policies, resources, and guidance that support effective policies to reduce youth tobacco and other nicotine product use.

• Provide resources to support youths’ tobacco and other nicotine product cessation efforts.

• Provide resources to support parent/guardian education about youth use of tobacco and other nicotine products.

• Develop and disseminate communication messages to support non-punitive policies for tobacco and nicotine violations.

• Develop and disseminate enforcement strategies to support non-punitive policies for tobacco and nicotine violations.

• Maintain monthly contact with Second Chance Administrators.

_________________________________________

Typed or Printed Name of Second Chance Administrator

_________________________________________

Typed or Printed Name of Organization Director

_________________________________________

Signature of Second Chance Administrator

_________________________________________

Signature of Organization Director

_________________________________________

RMC Health Second Chance Project Staff

_________________________________________

Date

secondchancetobacco.org