

Safe Homes Parent Network of Franklin County VT

Franklin County Caring Communities and Rural Partnerships invite you to be part of the "Safe Homes Parent Network" across Franklin County. What is "Safe Homes Parent Network?" It's a new way for parents to be supported in helping their kids to remain alcohol and drug free, and to connect with other families who have the same policies and goals. We're inviting parents to "sign on" to the following:

1. Please note: The Safe Homes Parent Network commitment is not a legally binding contract, but rather an agreement between members of the SAFE HOMES Parent Network of Franklin County.

Please show your commitment by checking the boxes below. You may opt not to check the fourth box if you do not wish to share your contact information:

- I will actively supervise all gatherings of youth in our home or on our property, or ask another responsible adult for help to do so.
- I will not allow the possession of alcohol, tobacco, or other drugs by youth in our home or on our property.
- I will set expectations for my children by knowing where they are going, whom they are with, what they are doing, and when they are to return home.
- I will welcome phone calls about activities taking place in my home and on my property.

2. Please complete the information below

First Name:

Last Name:

Address:

Town:

State:

Zip code:

Phone:

Cell phone:

Email:

3. Please include the following information:

	Child's Grade	Child's School
First Child	<input type="text"/>	<input type="text"/>
Second Child	<input type="text"/>	<input type="text"/>
Third Child	<input type="text"/>	<input type="text"/>
Fourth Child	<input type="text"/>	<input type="text"/>
Fifth Child	<input type="text"/>	<input type="text"/>

Name

Safe Homes Parent Network of Franklin County VT

4. I am the:

- Parent
- Guardian

Other (please specify)

5. How would you prefer to receive communication from the SAFE HOMES Parent Network of Franklin County? (Mark all that apply)

- Postal mail
- E-mail (your email address must be entered above)
- Automated phone calls (your phone number must be listed above)
- On-line social network groups (Twitter, facebook, etc.)

6. We would like permission to publish your name as a member of the Safe Homes Parent Network of Franklin County in the Safe Homes directory. This directory will be made available to other parents/guardians who have joined the Safe Homes Parent Network. Please indicate below if we may do so.

- I GIVE PERMISSION to publish my NAME and CONTACT INFORMATION.
- I GIVE PERMISSION TO publish my NAME and TOWN ONLY.
- I DO NOT give permission to publish my information.

OPTIONAL NOMS DATA FOR GRANT PURPOSES

Please tell us more about yourself. This information will help us fulfill our federal grant requirements and let us know whom we are serving or not serving in our community. We consider this information private and it will only be reported as part of an aggregate data report (no names or identifying information will be included).

7. Are you: (Please choose one)

- Male
- Female
- I prefer not to respond

8. What is your age? (Please choose one)

9. What race best describes you? (Please choose one)

10. Are you Hispanic/Latino? (Please choose one)

- Yes
- No
- I prefer not to respond

THANK YOU for becoming a member of the Safe Homes Parent Network of Franklin County, VT. Your name will be added to our database and your information will be added to our contact list for purposes of receiving updates and information. Your name and contact information will be included in our published database only if you have given us permission to do so. Stay tuned for updates and feel free to contact us at safehomes@fccccp.org.