

# 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