

TEEN CONNECTION

Childhood Cancer Foundation of Southern California is pleased to offer a Teen Connection Program for teen's ages 14-18 years who have or have had cancer. We hold outings and/or meetings one evening per month. We meet at the CCFSC office located at 11155 Mt. View Ave., Suite 105, Loma Linda, CA 92354.

Food and drinks are provided during the monthly meetings. For any of our trips the cost of admission, food, and drinks for the teen participants are covered by CCFSC. The outings and/or meetings are **only for the teens.**

- Yes, I would like to participate in the Teen Connection Program. Below is my completed application.
- No, I am not interested in being involved in the Teen Connection Program. If you change your mind, please phone our office and we will mail you another application.

Please mail this form to:

Attn: Teen Connection
P.O. Box 1663
Loma Linda, CA 92354

We look forward to having you join us!



APPLICATION

Name _____ **Phone** () _____ - _____
Address _____ **E-mail** _____
_____ **Birthday** _____ / _____ / _____

Authorization and Consent

I give permission for the release of photographs, videotapes, and related information regarding my child for news stories or for Childhood Cancer Foundation of Southern California, Inc.'s Publications.

This may include revenue-producing products. I understand that I will not receive any compensation for this publication or broadcast.

Date/Fecha: _____

Autorización y Consentimiento

Doy permiso para la liberación de fotografías, de vídeo, y de información relacionada con respecto a mi niño/a para historias publicadas o para la Fundación de Cáncer Infantil del Sur de California. Puede incluir producción de productos que recaudan fondos. Comprendo que yo no recibiré ninguna compensación para esta publicación ni transmisión.

Participant's Name (Please Print)
Nombre del Participante (Letras de Molde)

Parent/Legal Guardian Name (Please Print)
Nombre del Padre/Guardián Legal (Letras de Molde)

Participant's Signature
Firma del Participante

Signature of Parent/Legal Guardian
Firma Del Padre/Guardián Legal

Teen Connection Event Expectations

We expect our trips to be the best of its kind in our community. In order for it to be safe, fun and enjoyable for all, we have some expectations we would like for you to discuss with your parent/legal guardian. After you have read this, please sign the letter and return to CCFSC with your Application.

1. We expect each participant and CCFSC staff and volunteers to treat the other members of the group with mutual **respect** and **consideration**.
 2. On our trip, we will have many opportunities to interact with the public. We expect participants to conduct themselves in such a way that upholds our high Teen Connection standards.
 3. **During our event, the use or possession of alcoholic beverages, cigarettes and drugs, or sexual activity by participants are not allowed.**
 4. Participants are expected to adhere to the event schedule and report to activities on time.
 5. **Dress in appropriate attire, close-toed shoes, t-shirts/shirts/blouses with no inappropriate symbols or language on them.**
- * **If at any time during the trip the guidelines are broken or the staff/volunteers determine that the person's behavior detracts from a positive experience, the parent(s) will be notified that their teen's activities will be restricted and/or if necessary the parent(s) will need to pick up their teen at the location of the event.**

We expect our Teen Connection events to be fun and a valuable experience for all.

Expectaciones de Eventos para el Conexión de Jóvenes

Esperamos que nuestros viajes sean el mejor de su clase en nuestra comunidad. Para poder ofrecer un evento limpio, divertido y agradable para todos, tenemos algunas expectativas que queremos que compartan con su padre/guardián legal. Después de que usted haya leído esto, por favor firmen la carta y regréselo a CCFSC con su Aplicación.

1. Esperamos que cada participante y personal/voluntarios de CCFSC provean y traten a los otros miembros del grupo con respeto y consideración mutua.
 2. En nuestro viaje, tendremos muchas oportunidades de interactuar con el público. Esperamos que cada participante se controle sí mismo de tal manera que apoyan nuestros estándares altos del grupo Conexión de Jóvenes.
 3. **Durante nuestro evento, el uso o la posesión de bebidas alcohólicas, de los cigarrillos y las drogas, o de actividad sexual de parte de participantes no es permitida.**
 4. Los participantes son esperados adherir al horario de eventos y de llegar a las actividades a la hora apropiada.
 5. **El vestido tiene que ser traje apropiado, zapatos cerrados, camisas/blusas con ningunos símbolos ni idioma inadecuado en ellos.**
- * **Si durante el viaje las expectativas son rotas o el personal/voluntarios determinan que la conducta de la persona no es positiva, el padre (padres) será notificado que las actividades de su joven serán restringidas y/o si necesario el padre (padres) necesitará recoger su joven en la ubicación del evento.**

Esperamos que nuestros eventos de Conexión de Jóvenes sean divertidos y una experiencia valiosa para todos.

I have read the above letter and agree to abide by the expectations.

He leído las expectativas y concuerdo en respetar las.

Date
Fecha

Teen's Signature
Firma del Joven

Parent/Legal Guardian's Signature
Firma del Padre/Guardián Legal

NAME: _____

Please fill out the questionnaire so we can get to know you a little bit!

1. Do you like pizza? Yes No
 What toppings do you like?
2. What type of sodas/drinks do you like?
3. What kind of snacks do you like?
4. What are your favorite colors?
5. What restaurants do you like to eat at?
6. What kind of fast food do you like to eat?
7. What are some of your interests?
8. What are your favorite sports?
9. What are some places you would like to visit?
10. What kind of movies do you like to watch?
11. What are your favorite cartoons/TV shows?
12. What kind of music do you listen to?

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