



Riverhead Community Awareness Program, Inc.  
518 East Main Street, Suite 106  
Riverhead, NY 11901

P 631.727.3722  
F 631.727.2142

Felicia Scocozza, LMSW  
Executive Director

### **High School Peer Leadership Contract 2019-2020 School Year**

1. The purpose of the CAP Peer Leadership Program is to learn information and skills that I can use to make healthy decisions for myself and to assist my peers in making health-promoting choices as well. I will also be a role model for younger students at the Pulaski Street School. As a role model, I agree to act appropriately toward others at all times.
2. As a role model, I will try to apply the information and skills I have learned to my own life. **As a representative of CAP, I am committed to CAP's mission to prevent alcohol and other drug abuse within the Riverhead schools and community.** Therefore, I agree not to use alcohol, illegal drugs, smoke, or use any other forms of tobacco, nicotine, or vape/e-cigarette products (including e-juice, marijuana or other drugs) while involved in the CAP Program. ***This includes special occasions, school breaks and summer.*** If I have a concern about other peer leaders violating this clause, I will speak to the CAP social worker about it. If CAP is made aware that there is a concern about my behavior, the matter will be addressed as follows:
  - A. I will be asked to meet with the CAP social worker to discuss the situation. This discussion will be confidential.
  - B. Upon having this meeting if there is cause for concern, a plan will be developed to either address the problem and solution with the CAP social worker, or I will be asked to withdraw from the program and be offered counseling if warranted.
  - C. If it is determined that I have violated the contract, my parent or guardian will be notified and the plan will be discussed with them.
3. In order to learn these necessary skills and facts I agree to the following:
  - A. I will attend all of the weekly CAP Peer Leadership training sessions, which **take place on Wednesdays during lunch periods.** I will arrive within the first 10 minutes of the period and understand that if I choose to remain in the cafeteria, no one is going to come and get me and I will be charged with an unexcused absence. If I do not have a lunch period that coincides with training, I am responsible for making arrangements for training with the CAP social worker.
  - B. I will review the lesson plan on my own each week prior to the training session and come to training prepared to discuss it and practice my parts. (This should take no more than 30 minutes per week.)
  - C. **If I fail to attend two (2) meetings before the Pulaski Street School presentation, I understand that I will not go to Pulaski Street School that month.** The reason for this is that I will not be adequately prepared to conduct my part of the lesson; and that if I am unprepared I will not be at my best and may provide inaccurate information to 6<sup>th</sup> grade students.
  - D. I understand that it is my responsibility to explain all absences to the CAP social worker and to set up a time to make up any missed training.
  - E. **I understand that if I have three (3) unexcused training absences or lateness, or two (2) unexcused absences from Pulaski St. School, I may be dropped from the Peer Leadership Program.**
  - F. I understand that peer leaders will not be put in classes with any relatives.
  - G. Peer leaders will accept the partner and classroom assigned by CAP.

[riverheadcap.org](http://riverheadcap.org)

Advisory to the Riverhead Town Board, CAP is a Community Nonprofit Corporation Supported by the White House Office of National Drug Control Policy (ONDCP), Substance Abuse and Mental Health Services Administration (SAMHSA), NYS Office of Alcoholism and Substance Abuse Services (OASAS), Suffolk County Youth Bureau, and Suffolk County Department of Health Services.

4. In spite of attending all CAP Peer Leadership meetings I may still not be adequately prepared or in a position to present my portion of the lesson plan for the Pulaski Street presentation. Therefore, I understand that the trainer may excuse me from participating in the Pulaski program. This will be fully discussed with me in advance.
5. **I agree that if I experience academic, disciplinary, or attendance problems after joining the CAP Peer Leadership Program I may be dropped at the request of the school administration, the teachers, my parent, or CAP. In addition, if I am involved in any peer conflict and fail to resolve it appropriately, in a timely manner, I may be dropped from the program.**
6. I understand and agree to follow the rules listed below concerning Peer Leadership meetings:
  - A. Only one person speaks at a time in order to show respect for whoever is speaking. If I wish to speak, I will raise my hand and be called on.
  - B. If people discuss personal matters during the meetings, I agree not to discuss these disclosures with anyone outside of the program.
  - C. I agree to further respect my peers by not laughing at their ideas or otherwise making fun of them.
  - D. I agree to be on time for all meetings. If I am late, I will meet with the CAP social worker to discuss a plan for being prompt.
  - E. I agree to complete all homework assigned by CAP by the due date.
7. I understand that during the Pulaski Street School presentations students may discuss personal matters. I agree not to discuss these disclosures with anyone other than my presenter or CAP staff.
8. I agree to dress neatly and appropriately for all Pulaski Street School presentations in the manner prescribed by the CAP Program. This includes no “belly shirts,” no miniskirts, no gang colors or paraphernalia, no ripped clothing, and no clothing that advertises or refers to alcohol, tobacco or other drugs. I understand that I may not be permitted to go to Pulaski Street School if it is determined by the CAP staff that I am dressed inappropriately.
9. I understand that cell phones and other electronic devices are not permitted to be used in any way during any CAP activity or while at Pulaski Street School. **Phones and other electronic devices are to remain off and put away from the time we meet in the lobby until we return to the High School.**
10. I understand that only bus transportation is permitted to and from Pulaski Street School.
11. I understand that while at Pulaski Street School I will go directly to my assigned classroom and come directly back to the lobby after my presentation. I will not disrupt anyone else’s CAP presentation or any teacher’s classroom. Upon return to the lobby, I will act appropriately and keep my voice at a low volume. I will act appropriately and respectfully to all teachers and staff at Pulaski Street School.
12. I understand that CAP peer leaders must not engage in unlawful behavior at any time, in or out of school. Failure to comply will result in immediate dismissal from Peer Leadership.

13. **Finally, I agree to make up all class and homework assignments from classes I miss as a result of the Peer Leadership meetings or presentations at Pulaski Street School.**

**RIVERHEAD COMMUNITY AWARENESS PROGRAM, INC.**

High School Peer Leadership Contract for the 2019-2020 School Year

I understand all terms of this contract and agree to abide by them for the entire 2019-2020 school year. Failure to abide by the contract may result in being dropped from the program.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's Signature)

I have read the Riverhead CAP Peer Leadership Student Contract and the letter to parents. I approve of my son's/daughter's participation in the CAP Peer Leadership Program for the 2019-2020 school year. I give my permission for him/her to attend the monthly presentations in the Pulaski Street School and to attend training once per week during lunch. We have discussed that he/she will be effectively giving up the opportunity to socialize in the cafeteria one day per week. (For students who do not have a lunch period or need extra help, additional training sessions will be offered before and after school.)

I have discussed with my child that the CAP program is voluntary and requires a commitment to CAP's mission, and that underage drinking, smoking, and illegal drug use (including vaping) is strictly prohibited (#2 above). We have discussed the procedure of expressing concern about CAP Peer Leaders who may be violating their commitment. I understand that any communication with CAP will be kept completely confidential.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian's Signature)

I hereby give my permission to Riverhead Community Awareness Program, Inc. (CAP) to use any photos, slides or videos taken of my child during a CAP Peer Leadership activity for publicity, advertising and/or promotional purposes.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian's Signature)

CAP requests that parents and guardians provide us with an email address so that we can send you our quarterly newsletter and other occasional information relating to Peer Leadership and Youth Drug and Alcohol Prevention. We will not share your email with anyone and will use it responsibly. **It is also recommended that students, parents and guardians who participate on social media keep updated on CAP activities by liking our Facebook page and following us on Instagram and Twitter. Links and additional information are available on our website, [RiverheadCAP.org](http://RiverheadCAP.org).**

\_\_\_\_\_  
(Parent or Guardian's Name)

\_\_\_\_\_  
(Parent or Guardian's Email Address)

[riverheadcap.org](http://riverheadcap.org)

Advisory to the Riverhead Town Board, CAP is a Community Nonprofit Corporation Supported by the White House Office of National Drug Control Policy (ONDCP), Substance Abuse and Mental Health Services Administration (SAMHSA), NYS Office of Alcoholism and Substance Abuse Services (OASAS), Suffolk County Youth Bureau, and Suffolk County Department of Health Services.