



Connecting With Our Communities Teen Service Project

This project has teens raising awareness of issues impacting teen mental emotional health and the local resources available to support youth and their families dealing with those issues.

***This project supports NJ Student Learning Standards - Health Learning Standard 2.1 Personal and Mental Health/Community Health Services and Support (CHSS) Performance Expectations for grades 5-12.*

Guidelines for the *Connecting with Our Communities* Service Project

1. Identify, research, and define a position on a mental/emotional/social health issue that could negatively impact teen mental/emotional wellbeing.

E.g., dating violence, disordered eating, addiction/substance misuse/abuse, food insecurity, homelessness, brain injury/concussion, neglect/abuse, bipolar disorder, schizophrenia, traumatic events, grief, suicidal thoughts, social anxiety disorder, depression, cyberbullying, sexual harassment, body dysmorphic disorder, human trafficking, ADHD, autism spectrum disorder, etcetera

2. Use BergenResourceNet.org to identify an organization/agency (Bergen County community resource) that provides services, programs, treatment, supports for teens dealing with the chosen issue (excluding individual clinicians).

3. Choose one organization/agency in Bergen County to 'adopt' for the project. Schedule a visit to the agency/organization to meet/greet, learn about the services they offer to help youth with that issue.

4. Get Creative! Prepare an awareness campaign to inform other teens and their families about the chosen issue and that champions the services offered by the chosen organization/agency

E.g., PSA, commercial/social media campaign, music video, piece of art, theatrical skit etc. Note: multimedia Presentations should be no more than 5 mins in length.

See some of the prior submissions posted on the *Connecting with Our Communities* service project webpage by searching "Connecting With Our Communities" on BergenResourceNet.

5. Submit your project with the individual *Consent and Release* forms (attached) throughout the year.

Projects will be chosen to spotlight on the Connecting with Our Communities webpage throughout the year. This is a wonderful opportunity for Mental Health Awareness

Questions? Email kwerheim@bergenspromise.org

Project developed by the Children's Interagency Coordinating Council (CIACC) of Bergen County

PROUD TO BE STIGMA-FREE

CONGRATULATIONS on your teen group’s willingness to show their support of teen mental health by completing a *Connecting with Our Communities Service Project*.

Please complete the following details to register your group’s involvement in this service project opportunity: [Click Here to complete the Online Commitment form](#)

OR

Complete, scan and email the Commitment form below along with a print ready logo of your district/organization to: kwerheim@bergenspromise.org with subject line: *Contribution to Connecting with Our Communities Teen Service Project*

Questions? Email or call 201-712-1170 x 5777 to speak to Kathy Werheim, Chair, CIACC Awareness Committee and Director of Community Resources, Bergen’s Promise.

Teen Group Name:	
Number of youth participating:	
School/Organization Name:	
Mailing Address:	
Name and title of youth group advisor (if applicable):	
Phone number and email of youth group advisor:	
How did you learn about this project?	
Teen Mental Health/Social Determinant Topic of Focus:	
Community Based Organization/Resource Adopted (include BergenResourceNet URL) <input type="checkbox"/> Resource not on BergenResourceNet	
Contact person at the Community-based Organization/Resource and title	
Please email print ready logo for your group/organization as well as for the community resource you are adopting.	

Project information and materials may be circulated by various CIACC member organizations, and posted on various news, and social media outlets such as Facebook, Twitter, and Instagram. The material will be used in promotion efforts to reach families, to increase awareness of these issues and provide them with information regarding supportive resources available within and around Bergen County.

CONSENT AND RELEASE AGREEMENT

I hereby authorize the Children’s Interagency Coordinating Council (CIACC) of Bergen County, and its committee members, committee member organizations, and Bergen County agents, to obtain and use my project submission and name, as defined below, as part of the “Connecting with Our Communities” Teen Service Project (the “Campaign”).

I hereby grant the CIACC the irrevocable, perpetual and unrestricted right and permission to keep, use, re-use, publish, and republish the project submitted (collectively, “Submission”) by me/my group or in which I/we may be included, regardless of whether such Submissions are partial or whole, for purposes of the Campaign. Such Submission may be made through any medium, and in any and all media now or hereafter known, including but not limited to print media and distribution over the internet for illustration, promotion, editorial, or social marketing. I also consent to the use of any published matter in conjunction with such Submission.

I understand that the Submission may be used in public service advertisements to promote Mental Health and Community Resource awareness as part of the Campaign and understand that such use may give rise to the impression that I am living with the health issue/social determinant. I hereby release, discharge, and agree to hold harmless the CIACC of Bergen County, its representatives, and assigns, and all persons acting under the CIACC of Bergen County’s permission or authority from all liability, including without limitation any claims for libel or violation of any right of publicity or privacy. I hereby warrant that I am of legal age (18 yrs. or older) to enter this agreement and/or am the legal guardian/parent of the author of the Submission and have the legal right to make decisions on behalf of him/her and/or this Submission is part of a school project under my advisement. I agree that I have read this authorization, release, and agreement, prior to its execution, and I am fully familiar with its contents. This agreement shall be binding upon me and my heirs, legal representatives, and assigns.

I also grant the CIACC of Bergen County, representatives from its member organizations, the right to use my name and identity in all works in which the Submission may be embodied and in connection with the advertising and promotion of such works.

I hereby release the CIACC of Bergen County and all others acting under the authority of the CIACC of Bergen County from all claims I may at any time have against them, or any claims by my heirs, legal representatives, or assigns, in connection with or arising out of the use or exploitation of the Submission.

I represent that I have the right to grant the CIACC of Bergen County the foregoing rights and any Submission provided by this group will be original, will not infringe upon any copyright, and will not violate any right of privacy or any other personal or proprietary right of third parties.

Project Title: _____

Youth Group Name (if applicable): _____

Town/District: _____

Names of Youth Group Members Submitting Project (NOTE: first names will be used in promotion)

Signature of Youth Project Advisor (if applicable): _____ **Date:** / /

Print Name of Youth Project Advisor: _____

Youth Project Advisor E-mail: _____

Signature of legal guardian/parent of the author of the Submission (please complete one form for each youth):
_____ for (name of youth author)

_____ Date