

Mifflin County Communities That Care

SAFE HOMES PLEDGE

A PA Liquor Control Board Program

1. I will actively supervise all gatherings or parties of youth in my/our home or on my/our property, or ask another responsible adult for help to do so.
2. I will not allow youth to possess or use alcohol, tobacco, or other drugs in my/our home or on my/our property.
3. I will set expectations for my/our children by knowing where they are going, whom they are with, what their plans are, and when they are to return home.
4. I will call the parents of the child who my child is visiting to confirm our children's plans and keep the lines of communication open.
5. I will provide a secure storage place for all forms of alcohol in my/our home.
6. I will talk with any parent of a child I personally observe using alcohol, tobacco, or other drugs.

NAME (print): _____ Signature: _____

ADDRESS (home): _____ Zip Code: _____

PHONE* (home): _____ WORK: _____

<u>Child's Name</u>	<u>Grade</u>	<u>School</u>
1. _____		
2. _____		
3. _____		

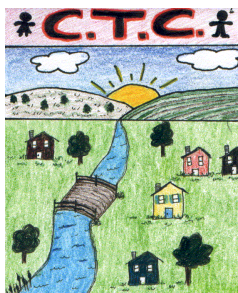
Please list additional children on the reverse side of this pledge.

*We would like your permission to list your name as a member of the SAFE HOMES network in your school's SAFE HOMES directory, newspapers, and other related publications. Please, indicate below if we may do so.

___ Yes, you may publish my phone number. ___ Yes, you may publish my address.

___ No, please refrain from including my information.

Please sign and return the SAFE HOMES pledge to Mifflin County Communities That Care by December 15, 2007.



Mifflin County Communities That Care

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