

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 whom 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): \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Name

Grade

School

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

**\*Do you want us to list your contact information as a member of the SAFE HOMES network in the Mifflin County School District's SAFE HOMES Directory? Please indicate below if we may do so.**

Yes, you may publish my phone number.     Yes, you may publish my address.  
 Yes, you may publish my email address.     No, please do not include my contact information.

**Please sign and return the SAFE HOMES pledge to  
Mifflin County Communities That Care by November 30, 2009.**

**COMMUNITIES THAT CARE WORKSHOP SURVEY**

**Guiding Good Choices:** a workshop that strengthens families, and addresses topics such as anger management, setting healthy standards and preventing alcohol and drug use in children. It is geared specifically for parents of children ages 9-14 years and has five 2-hour sessions.

Would you be interested in attending a Guiding Good Choices program?    Yes \_\_\_\_\_    No \_\_\_\_\_

What time would you be most likely to attend?    Fall 2009 \_\_\_\_\_    Spring 2010 \_\_\_\_\_

What time of day would work best for you?    Afternoon \_\_\_\_\_    Evening \_\_\_\_\_

Would you be more likely to attend if childcare were offered at the program site?    Yes \_\_\_\_\_    No \_\_\_\_\_



**Mifflin County Communities That Care**  
**144 East Market Street**  
**Lewistown, PA 17044**  
**717-248-3994 [www.mccares.com](http://www.mccares.com)**