

Safe Homes

PARENT PLEDGE FORM

1. I/we will actively supervise all gatherings or parties of youth in our home or on our property, or ask another responsible adult for help to do so.
2. I/we will not allow the possession or use of alcohol, marijuana, tobacco, other drugs, or violence by youth in our home or on our property.
3. I/we will set expectations for my/our child(ren) that I/we know where they are going, whom they are with, what their plans are, and when they are to return home.

(Include all parent/guardian name(s) as you wish them to appear in the Resource Guide)

NAME (print) _____ PHONE _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP _____

EMAIL ADDRESS _____

SIGNATURE(S) OF PARENT(S)

Child(ren)'s Name

School District

1. _____

2. _____

3. _____

*I/We wish to be included in the *SAFE Homes* Resource Guide/Parent Directory yes ___ no ___

*My PHONE number is **NOT** to be published (check here____)

Note: Mailing and Email addresses are NOT published in the resource guide; families are listed by town of residence

PLEASE SIGN _____ **DATE** _____

Return this form by mail or by hand to your child's school or to WellSpring Community Network, PO Box 170 Long Beach, WA 98631 or email to admin@wellspringpacific.com.

[This pledge is NOT a legally binding contract, but rather an agreement between the parents in the network]