



**Griswold
SAFE
HOMES
Network**

Griswold SAFE HOMES Pledge Form

A Safe Home is one in which a parent or guardian is visible and responsible for maintaining a set of community standards as described in the Safe Home Pledge:

- I will be present and visible in my home and actively supervise all gatherings or parties of youth in my home or on my property.
- I will not serve, nor allow the possession or use of alcohol, tobacco, e-cigarettes, vapor products, marijuana or other drugs by youth in my home or on my property.
- I will provide a secure storage in my home for all forms of alcohol, prescription and over-the-counter medications, firearms and other potentially hazardous items.
- I will develop and communicate a clear “no use” position about alcohol, marijuana, tobacco and other drug use with my child.
- I will set expectations for my children by knowing where they are, whom they are with, what they are doing, and when they are to return home.
- I will communicate with other parents and agree on expectations and rules for youth regarding a no drug or alcohol use policy.
- I will welcome phone calls from other parents to join efforts in providing a safe, healthy, drug-free home and community.

*The Safe Home Pledge is not a legally binding contract but rather a commitment to a set of shared principles among parents/guardians. By submitting your information below, you agree to uphold the Pledge standards of the Griswold Safe Homes Network. Everyone who submits the Pledge form (online or by mail) will be included in a Safe Homes Directory which will **only** be available to other participating parents/guardians.*

***Required Fields. All other fields are optional. Only the required fields will be published in the Directory.**

*Parent/Guardian First Name(print)_____

*Last Name_____

*Phone (cell)_____ (additional phone number)_____

*Email_____

*Address_____

*City_____

*Zip_____

*Signature of Parent/Guardian_____

Additional Parent/Guardian: First Name_____ Last Name_____

Signature of Additional Parent/Guardian_____

<u>Child's Name</u>	<u>School</u>	<u>High School Graduation Year</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(List additional children on the reverse side of this form)

This is a directory for families to use as part of their normal safety research as children and teens visit each other's homes. It is not meant to, nor does it replace any procedures used by parents to monitor their children's activities.

Please return this form to:
Griswold PRIDE, Griswold Town Hall, 28 Main St., Griswold, CT 06351,
email it to mnagle@chrhealth.org
or, submit online at www.griswoldpride.org

***To maintain some level of privacy, the SAFE HOMES Directory
will NOT be published online.
It will be emailed to parents/guardians AFTER
they sign and submit their pledge form, within 10 business days.***