



## TOBACCO DECOY INTEREST FORM

PLEASE PRINT

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BRIEFLY STATE REASON(S) WHY YOU WOULD LIKE TO VOLUNTEER WITH THIS DEPARTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
(FOR DECOYS UNDER 18 YEARS OF AGE)

\_\_\_\_\_  
DATE

Please mail form to:  
Riverside County Environmental Health  
Retail Tobacco Program  
Attn: Sandi Salas  
4065 County Circle Dr. Suite 104  
Riverside, CA 92503

or E-Mail form to: [ssalas@rivco.org](mailto:ssalas@rivco.org)

Note: The front and back of this form must be properly filled out prior to joining the Tobacco Decoy Program. The original signed copy of the form shall be retained by County of Riverside Environmental Health Department, and additional copies may be requested by the signatory.

# RIVERSIDE COUNTY TOBACCO DECOY PROGRAM

## VOLUNTEER TODAY AND BECOME A DECOY!

For more information please contact:

Riverside County  
Department of Environmental Health  
Retail Tobacco Program  
4065 County Circle Dr.  
Riverside, CA 92503  
(951) 358-5172

[www.rivcoeh.org](http://www.rivcoeh.org)



## ARE YOU INTERESTED?

IT IS AGAINST THE LAW IN CALIFORNIA TO SELL CIGARETTES TO ANYONE UNDER 21 YEARS OF AGE. RIVERSIDE COUNTY'S DEPARTMENT OF ENVIRONMENTAL HEALTH INSPECTS STORES SELLING CIGARETTES TO ENSURE THAT THEY OBEY LAWS THAT ARE MEANT TO DETER YOUNG PEOPLE FROM BUYING THEM. PART OF THESE INSPECTIONS INCLUDES TESTING THE STORES TO SEE IF THEY REFUSE CIGARETTE SALES TO INDIVIDUALS WHO ARE UNDER THE LEGAL AGE TO PURCHASE CIGARETTES.

WE ARE LOOKING FOR VOLUNTEERS BETWEEN 15-19 YEARS OF AGE TO ACT AS UNDERAGE CUSTOMERS PURCHASING CIGARETTES. THE YOUNG CUSTOMERS OR "DECOYS" ATTEMPT TO PURCHASE CIGARETTES FROM STORES WHILE THEY ARE CLOSELY MONITORED BY A LAW ENFORCEMENT OFFICER OR ENVIRONMENTAL HEALTH SPECIALIST. STORES THAT DO SELL CIGARETTES TO ANYONE WHO IS UNDER THE AGE OF 21 YEARS OLD ARE BREAKING THE LAW AND WILL HAVE THEIR PERMITS REVOKED.

AS A DECOY, YOU CAN EARN COMMUNITY SERVICE HOURS OR EVEN GIFT CARDS TO YOUR FAVORITE RESTAURANTS, MOVIE THEATERS OR RETAIL STORES. OUR DEPARTMENT WILL PROVIDE ALL THE TRAINING, SO NO EXPERIENCE NEEDED. OUR DECOYS MUST BE BETWEEN 15-19 YEARS OLD. THE DECOY OPERATIONS ARE PERFORMED AROUND YOUR SCHOOL SCHEDULE.

IF YOU ARE INTERESTED IN BECOMING A DECOY, PLEASE CONTACT OUR DEPARTMENT. WE CAN ADD YOU TO THE LIST OF DECOYS AFTER WE HAVE THE FOLLOWING INFORMATION FROM YOU:

1.-COMPLETED TOBACCO DECOY INTEREST FORM

2.-SIGNED TOBACCO DECOY CONSENT FORM

THANK YOU FOR YOUR INTEREST IN PROTECTING RIVERSIDE COUNTY'S UNDERAGED INDIVIDUALS BY KEEPING TOBACCO FROM BEING SOLD TO THEM!

## TOBACCO DECOY PARENT CONSENT FORM

I HEREBY GIVE MY CONSENT FOR MYSELF/LEGAL CUSTODIAL MINOR TO PARTICIPATE IN TOBACCO ENFORCEMENT ACTIVITIES THAT WILL REQUIRE THE PURCHASE OF TOBACCO PRODUCTS FROM RETAIL BUSINESSES. AS THE REPRESENTATIVE OF MYSELF/GUARDIAN OF THE BELOW-NAMED MINOR, I CERTIFY THAT MY/THEIR DATE OF BIRTH IS : \_\_\_\_/\_\_\_\_/\_\_\_\_  
I UNDERSTAND THAT IN PARTICIPATING IN THE TOBACCO ENFORCEMENT OPERATION, I/MY CHILD MAY BE SUBJECTED TO RISK OF INJURY OR DAMAGE TO PROPERTY. BY SIGNING THIS FORM, I, ON BEHALF OF MYSELF AND/OR MY CHILD, AGREE TO HOLD HARMLESS THE COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH IF I OR MY CHILD SHOULD BECOME INJURED WHILE PARTICIPATING IN TOBACCO ENFORCEMENT ACTIVITIES. I ALSO GIVE MY CONSENT TO BE/HAVE MY CHILD TREATED BY A PHYSICIAN IN CASE OF SUDDEN ILLNESS OR INJURY WHILE PARTICIPATING IN TOBACCO ENFORCEMENT ACTIVITIES IF I CAN NOT BE REACHED BY PHONE AT THE NUMBERS LISTED BELOW. IF MY PHYSICIAN IS LISTED BELOW, EVERY EFFORT WILL BE MADE TO CONTACT THE PHYSICIAN. HOWEVER, THE LOCATION OF ACTIVITIES AND NATURE OF THE ILLNESS OR INJURY WILL DETERMINE THE USE OF EMERGENCY MEDICAL PERSONNEL.

### PARTICIPANTS INFORMATION:

NAME OF PARTICIPANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

### MEDICAL INFORMATION:

MEDICAL INSURANCE PROVIDER \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE LIST ANY RELEVANT ALLERGIES OR MEDICAL CONDITIONS THAT MAY REQUIRE SPECIAL CONSIDERATION:  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION: (FOR DECOYS UNDER 18 YEARS OF AGE)

NAME OF PARENT/GUARDIAN (PLEASE PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_



## TOBACCO DECOY PARENT CONSENT FORM

- SIGNATURE ON THIS FORM INDICATES YOU OR YOUR LEGAL MINOR TO:
  - PARTICIPATE IN TOBACCO PURCHASE ENFORCEMENT ACTIVITIES CONDUCTED BY THE RIVERSIDE COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH.
  - PURCHASE TOBACCO PRODUCTS AT RETAIL BUSINESS UNDER THE SUPERVISION OF AN ENFORCEMENT OFFICER TO DETERMINE IF SALES OF CIGARETTES OR OTHER TOBACCO PRODUCTS ARE BEING MADE TO PERSONS UNDER 21 YEARS OF AGE.
- THE PURPOSE OF THE OPERATION IS TO ENFORCE COUNTY ORDINANCE PROHIBITING THE SALE OF TOBACCO PRODUCTS TO PERSONS UNDER 21 YEARS OF AGE. ANY TOBACCO PRODUCTS PURCHASED BY YOU OR LEGAL MINOR WILL BE COLLECTED AS SOON AS YOU OR LEGAL MINOR EXITS THE RETAIL SITE. FUNDING FOR THE SALE WILL BE PROVIDED BY THE DEPARTMENT OF ENVIRONMENTAL HEALTH.
- YOUR NAME OR THE NAME OF YOUR LEGAL MINOR WILL NOT BE REVEALED UNLESS REQUESTED BY THE DISTRICT ATTORNEY'S OFFICE.
- PARTICIPATION IN THE TOBACCO ENFORCEMENT PROGRAM IS VOLUNTARY. YOU/LEGAL MINOR HAVE THE RIGHT TO WITHDRAW AT ANY TIME.

The Sale of Tobacco Products to Persons Under 21 Years of Age Is Prohibited by Law and Subject to Penalties

To Report an Unlawful Tobacco Sale Call  
**1-800-5 ASK-4-ID**

**Valid Identification May Be Required**  
Business and Professions Code Section 22952 21 U.S.C 387(d)  
This sign must be readable by the consumer and must not be altered, covered or obliterated in whole or in part.



- Open camera or QR code reader on your smartphone.
- Hold your smartphone over QR code so that it's clearly visible within camera screen.
- Look for the notification banner or tap to trigger code's action.