

Thumbs Up! Thumbs Down!

Reviewer Application

-Please print-



NAME _____ DATE _____

SCHOOL _____ GRADE _____

HOME ADDRESS _____
CITY, ZIP _____

HOME PHONE NUMBER _____ EMAIL _____

CELL PHONE NUMBER _____

ETHNICITY (optional)

Caucasian _____ Asian/Pacific Islander _____

Native American _____ African American _____

Hispanic/Latino _____ Other _____

**Why do you want to be a part of the Thumbs Up! Thumbs Down! Project?
(Please write a short paragraph.)**

Are you interested in earning community service hours for your school

YES NO

How did you hear about this project? (circle all that apply)

Mailed Flyer School Announcement Friend Teacher Website/Internet

Other _____

(Go to page 2) 4-15-08

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909 12th Street, Suite 100

Sacramento, CA 95814

916-444-5900

A program of Breathe California of Sacramento-Emigrant Trails

Movie Viewing Release Agreement

I hereby give my son/daughter, _____, permission to participate in viewing PG, PG-13, and R rated films (which may contain adult themes such as nudity, violence or offensive language) as part of the Thumbs Up! Thumbs Down! Project. The purpose of this evaluation is to gather data on the frequency of tobacco use in the movies.

I release Breathe California of Sacramento-Emigrant Trails from all liability involved from my son/daughter participating in this project and subsequent project activities. I will make sure they are available for trainings and meetings. I will be responsible for any money my son/daughter may receive.

Parent/Guardian Name(s) (Please Print) _____

Parent/Guardian Signature(s) _____ Date _____

Number where Parent/Guardian can be reached _____

Reviewer Responsibility Agreement

I take responsibility for any funds or theatre tickets I receive from Thumbs Up! Thumbs Down! Program to review and complete evaluations for selected movies assigned to me. If I do not review all the movies assigned, I will return the remaining funds/ticket to the Thumbs Up! Thumbs Down! Program. I am also responsible for turning in completed review forms and ticket stubs. Any community service hours I receive will be based on active participation in the program and on the completion of evaluations on all assigned movies by the given deadline.

Reviewer (Please Print) _____ Signature _____ Date _____

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