

CALIFORNIA DECOY PROGRAM

Dear Applicant:

We are pleased that you are applying as a volunteer for the California Decoy Program, supported by the Boys & Girls Clubs of Fresno County (B&GCFC).

Illegal tobacco sales to underage youth and young adults are a major cause of nicotine addiction. According to the U.S. Surgeon General, one of the most effective ways to reduce tobacco addiction is to stop the illegal sale of tobacco products to underage persons. The mission of this program is to reduce illegal sales of tobacco to persons under the age of 21, one store at a time.



For this program to be successful, volunteer participation is critical. The B&GCFC recruits volunteers ages 15 to 20 years old in all 58 California counties to participate in underage tobacco purchase operations.

California Department of Public Health
Food and Drug Branch (FDB)
Tobacco Enforcement Operations

The FDB specifically enforces the illegal sales of tobacco to any persons under 21. By law, the FDB can use decoys to verify if stores are selling to people under the age of 21. Participants selected to work with FDB investigators will attempt to purchase tobacco products at tobacco retail outlets under FDB supervision. Valid identification (California ID or Driver's License) of the decoy will be shown only if requested by retailers. Decoys will be trained and instructed to avoid confrontation. If a sale is made to a decoy, the FDB has the authority to fine the storeowner. The FDB investigator will notify the storeowner of the illegal sale a few days after the decoy's purchase, the decoy is never onsite.

All enrolled decoys must be available *for up to five years from the date of the decoy's last compliance check* to provide a narrative report, declaration, and/or give oral testimony in a hearing should one of their compliance checks go to court or administrative hearing. See FAQs.

If you have any questions, please call our toll free number 1-855-DECOYCA or e-mail our support team at info@decoyca.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Blagg".

Dr. Jim Blagg,
Program Director

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Our
Mission

*To reduce the
illegal sales of
tobacco to persons under
the age of 21,
one store at a time.*

CALIFORNIA **DECOY PROGRAM**

We are excited that you want to join our team of undercover decoys. Participating in the program gives you excellent work experience and the opportunity to give back to your community. Volunteering for us means that you want to help stop the illegal sale of tobacco to persons under the age of 21. The California Decoy Program encompasses enforcement operations conducted by the California Department of Public Health, Food and Drug Branch (FDB). Your safety is our highest concern, which is why for these activities, you will always attempt to buy tobacco products under the supervision and protection of two peace officers.

Incentives for Applying:

- Receive a FREE \$50 gift card after completion of enrollment.
- Reimbursement for California Identification Card or Driver's License up to \$33.
- Letter of Recommendation from the California Decoy Program.
- Receive \$10 per store when you work.
- On average a decoy will visit 15-20 stores per outing.

Steps to Apply:

1. Complete forms within this packet and return forms to:

California Decoy Program
540 N. Augusta
Fresno, CA 93701

2. Obtain a valid California ID or Driver's License (if eligible).

- If you have an ID, please attach a copy of it or a DMV receipt and we will reimburse you up to a \$33 value.
- If you do not have an ID:
 - Visit your local Department of Motor Vehicles (DMV) to obtain one.
 - We highly recommend that you schedule an appointment online at www.dmv.ca.gov
 - When you visit the DMV, they will ask to see your ORIGINAL birth certificate to apply. There is a \$33 fee at the DMV, but we will reimburse you if you provide proof of ID (receipt or copy of ID). A list of DMV offices is enclosed.

Once we receive your application and proof of ID, we will call you for a brief phone interview. After the phone interview, your application is COMPLETE! We do not know when you will work, however you can expect to work once or twice a year. The FDB investigators will call you for scheduling, usually 2-3 weeks in advance. They will try to work around your schedule. If you have any questions, please call our toll free number 1-855-DECOYCA, or email our support team at info@decoyca.org. Again, thank you for your interest and we look forward to hearing from you.

Sincerely,



Dr. Jim Blagg
Program Director

FREQUENTLY ASKED QUESTIONS

How do I apply for the California Decoy program?

First you will need to fill out the application and submit a copy of your California ID (or Drivers License). If you need a California ID, visit any Department of Motor Vehicles (DMV) to apply for one. When you go to the DMV, you will need your a) **ORIGINAL** birth certificate b) Social Security number c) proof of residence and d) \$33. Once enrolled in the program, we will reimburse you the cost of obtaining the California ID. **Send completed applications and DMV receipts to the California Decoy Program, 540 N. Augusta, Fresno, CA 93701.** (Applications must be sent via mail because we need original signatures from you and your parent or guardian).

What are the rewards for being an undercover decoy?

Receive a FREE \$50 gift card after completion of enrollment! When you conduct enforcement operations, you will receive \$10 per store visited whether you are sold tobacco or not. On average a decoy will visit 15-20 stores per outing. When you work, you will be issued a \$10 food coupon after the last store is visited. We also issue all our decoys a letter of recommendation for volunteering with the California Decoy Program.

How often will I work?

You may or may not be called upon to participate. Food and Drug Branch (FDB) investigators conduct enforcement operations in each county, but they do not visit each county every year. On average, you'll visit 15-20 stores in one day, but there are decoys who participate with fewer stores depending on the city and the number of retailers available.

Do I have to dress up a certain way when I work?

No, be yourself. We are not trying to trick anyone. Dress in an age appropriate manner. We expect that stores check your ID as required by law and refuse to sell to you.

How do I know when I'm working? Who picks me up?

The FDB investigators schedule all decoy volunteers by phone, text and or email. They usually will contact you a couple of weeks in advance to schedule your session. It is very important that you are quick to reply to them. If texting is your preferred method of communication, please express that to us in your application. The compliance checks are carried out year-round. The FDB investigators will pick you up from home or school, train you, always accompany you to all stores and then drop you off at home once the compliance checks are complete.

Where will you take me when I work?

Any store in the state that sells tobacco products is eligible for a compliance check, such as liquor stores, grocery stores, smoke shops, etc. To complete these compliance checks, you will most likely work outside your own neighborhood, for example, in other cities and/or neighboring counties.

Where do you find volunteers?

We recruit through our website, ads in campuses, newspapers, videos, health fairs, coalitions, school presentations, recommended friends, after-school programs and many non-profit organizations.

Is the program dangerous?

There is slight risk with any compliance check however the FDB has successfully completed over 70,000 compliance checks with no incidents or injury since 1995. Similarly, the California Decoy Program has reported no incidents since it began over 20 years ago.

FREQUENTLY ASKED QUESTIONS

What happens if a store sells me a tobacco product? Do they get fined?

If a store sells tobacco to you, you will return the product to the investigator once back in the vehicle. At this time, you will hand over to the investigator the tobacco merchandise, change and receipt (if given one). Fines are issued days after you were at the store and no one will know that you participated in the compliance check. The protection of your identity is crucial for the success of this program. Fines vary per offense, from \$400-\$600 for the first violation and up to \$6,000 for subsequent violations.

Can I get in trouble if a store tries to go to court over the fine?

No, participants of this program have full immunity from prosecution. In the 20-year history of the program, no decoy has had to go to court to provide testimony. Although a decoy has not had to participate in a trial or courtroom, we cannot promise that the decoy will not be called to testify in a case. All enrolled decoys must be available for up to five years from the date of the decoy's last compliance check to provide a narrative report, declaration, and/or give oral testimony in a hearing should one of their compliance checks go to court or administrative hearing.

I live in a small community. What if someone recognizes me?

The Food and Drug Branch (FDB) investigators are highly motivated to protect your identity and will not have you visit stores in your immediate community. Rather, they may determine it is safest to take you into a bordering city or county to protect your identity.

I did this once for the health department. How is this program different?

The compliance checks you may have participated in with your local health department are completely different than the "undercover" compliance checks for this program. The undercover tobacco compliance checks conducted by the FDB investigators are mandated by the state and federally, such as the Stop Tobacco Access to Kids Enforcement Act (S.T.A.K.E. Act) passed in 1994 and the Family Smoking Prevention and Tobacco Control Act signed into law in 2009.

What if I sign up and I never get called for work? Why should I join?

Even if you don't get the opportunity to work, you will still receive many complementary incentives up to \$50.00. We will pay for your California ID (a \$33 value) if you complete the application process. You will also receive on your 17th birthday a letter of recommendation from the California Decoy Program.

What is a 1099-MISC form?

A 1099-MISC form is used to report miscellaneous income (sometimes called "non-employee income") to the IRS. It is also used to give information on income to the recipients, so they can complete their income tax returns. Decoy volunteers who earn \$600 or more in a calendar year will automatically be issued a 1099-MISC tax form.

Why did I receive a 1099-MISC form?

If our office issues you a 1099-MISC, it is because you earned \$600 or more in the calendar year. The IRS requires that we obtain a social security number prior to issuing the 1099-MISC. We will never require social security information at the time of enrollment. However, only and if a decoy earns \$600 or more in the calendar year, we will be required to contact our decoys and/or their parents to obtain their social security number.

FACT SHEET

This fact sheet describes involvement in enforcement programs that prevent illegal tobacco sales to persons under 21 years of age.

- The Stop Tobacco Access to Kids Enforcement (STAKE) Act is a California law that prohibits tobacco sales to persons under the age of 21 and requires that retailers check identification (ID) of persons trying to buy tobacco who appear under 21 years of age. The California Department of Public Health (CDPH), Food and Drug Branch (FDB) inspectors accompany decoys into stores while decoys attempt to buy tobacco in an “undercover” operation. Stores that sell to decoys are cited and fined by FDB.
- The Family Smoking and Tobacco Control Act is a federal law which regulates tobacco products. CDPH- FDB enforces these laws in California on behalf of the FDA. All enrolled decoys must be available *for up to five years from the date of the decoy’s last compliance check* to provide a narrative report, declaration, and/or give oral testimony in a hearing should one of their compliance checks go to court or administrative hearing.
- According to CDPH, the percentage of retailers selling to youth under the age of 18 in 2018 was 5.4%. In comparison to the first year of enforcement activities in 1995 when the percentage of illegal sales was 37%.
- According to CDPH, the percentage of retailers selling to young adults under the age of 21 in 2019 was 17.9%
- The CDPH has since 2013 contracted with the Boys & Girls Clubs of Fresno County to recruit volunteers ages 15 to 20 years old in all 58 California counties to participate in underage tobacco purchase operations as “undercover decoys” in the state of California.
- California became the second state to implement a statewide Tobacco 21 law. Governor Jerry Brown signed a group of bills on May 4, 2016. The bill was approved in a special health care session and became effective on June 9, 2016.
- All decoys will be trained on buying procedures and avoidance of confrontations the day they work, not during the application process.
- Persons under the age of 21 participating in these programs have full immunity from prosecution. If tobacco products are sold to decoys during enforcement operations, the accompanying investigator will notify the storeowner within 2 days after the decoy has left the premises, never in the presence of the decoy.
- FDB investigators will provide transportation and a \$10 food voucher to the decoy on the day they work, at the end of the shift. All drivers are fully insured.

RECOMMEND A FRIEND

If you have a relative or friend who is 15 through 20 years old, and you think they might be interested in the program, please let us know. We will contact any person(s) you recommend and let them know that you recommended them.

If your referral finalizes the enrollment process,
you will be awarded a \$10 food coupon.

I recommend (*please print*):

Name: _____ City: _____

Age: _____ Phone number (*include area code*): (_____) ____ - _____

Name: _____ City: _____

Age: _____ Phone number (*include area code*): (_____) ____ - _____

DO YOU HAVE A YOUNGER OR OLDER SIBLING?

If you have a younger or older sibling, recommend them to our program. Perhaps they can continue the family legacy and be the next decoy in the family, after you, of course!

Name: _____ City: _____

Age: _____ Phone number (*include area code*): (_____) ____ - _____

Name: _____ City: _____

Age: _____ Phone number (*include area code*): (_____) ____ - _____

Decoy Application

(Please clearly PRINT all responses and complete both sides of this page.)

Name: _____ Female Male

Date of Birth: (/ /) Current Age: _____ Height: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Ethnicity: Hispanic / Latino White (Non - Hispanic) African American Asian / Pacific Islander

Native American Other, specify: _____

If you regularly stay at another address, you may be eligible to work in other cities and counties.

Address: _____ City: _____ Zip: _____

Emergency contact information:

Name of Parent/Guardian: _____

Parent Work: () _____ Parent Cell: () _____

Alternate Contact: _____ Relationship: _____ Phone: _____

Name of School: _____

School Address: _____ Cross Street: _____

What time do you get out of school? _____

What time are you done with after-school activities? _____

School- System: 2-semester calendar (summers off) Track System Home Schooled

If attending a track system school, which months are you off track? _____

1. Do you have a valid California (CA) ID Card or Driver's License? Yes (answer A) No (read B)

A. If Yes: What is your ID number (located at top of ID)?

California ID: _____ OR Driver's License: _____

Please attach a copy of your California ID with this application

B. If No: You can submit your application without an ID, but your application will be pending until we receive proof of your ID. To obtain a CA ID or Driver's License, you must take your ORIGINAL Birth Certificate to your local Department of Motor Vehicles (DMV). We encourage all our applicants to please visit the DMV website for a complete list of ID application requirements. For a full list of DMV locations or to schedule an appointment, please visit their website at www.dmv.ca.gov

2. Do you use tobacco products? Yes No

3. Have you participated in anti-tobacco programs? Yes No

4. Have you ever been suspended from School? Yes No

If your answer to question #4 is yes, please explain your suspension and include dates.

5. Have you had any interactions with law enforcement? Yes No

If your answer to question #5 is yes, please explain and include dates.

6. List your previous employment and/or community and school activities (include part-time work, volunteer work, clubs, etc.)

• Position held: _____

Company/school/organization: _____

Dates of involvement or employment: _____

• Position held: _____

Company/school/organization: _____

Dates of involvement or employment: _____

7. What times and days are best to reach you? _____

8. How did you hear about us? _____

9. What is your preferred method of communication? Call Text E-mail

I hereby certify that to the best of my knowledge the above information is true.

Signature of Decoy

Date

Disclaimer

“Decoys working with CDPH, Food and Drug Branch shall display the appearance of a person under 21 years of age while conducting undercover tobacco compliance checks. This may mean be asked to remove piercings, covering tattoos, shaving facial hair, removing make-up and/or not wearing inappropriate clothing.”

Decoys Under the Age of 18 Years Old

Consent to Participate in Surveillance Activities and Waiver of Liability and Hold Harmless Agreement:

I hereby give my consent for my minor child to participate in tobacco purchase surveillance operations that may require the purchase of tobacco products from retail businesses with the California Department of Public Health (CDPH)– Food and Drug Branch (FDB). I understand that a peace officer with CDPH-FDB will collect the tobacco product from my child as soon as my child leaves the retail site and it is safe to do so. I certify my child's birth date is _____. I understand that participation in the tobacco purchase surveillance program is voluntary and includes a risk of personal injury. I understand that my child is not an employee of the CDPH-FDB. I understand that in the event of a possible enforcement or judicial action my child's identity may be revealed, and I consent to reveal my child's identity. I give my permission for my child to be videotaped, audiotaped and photographed and relinquish any rights to the videotape, audiotape and photographs. I give my permission for my child to be transported by CDPH-FDB staff or their designees during surveillance operations. I understand that my child may need to give oral testimony or provide written declaration for up to five years from the date of the surveillance activity, and I agree to allow my child to cooperate with the judicial process.

By signing this form, I agree to indemnify and hold harmless the California Department of Public Health, its officers, agents and employees and any participating schools, agencies, organizations, or volunteers, from any liability if my child should become injured while participating in tobacco purchase surveillance operations. I hereby bind other members of my family, my heirs and assigns to this Waiver of Liability and Hold Harmless Agreement. I confirm that I am legally authorized to give consent for my child.

| | | |
|----------------------------------|-------------------------------|------|
| Printed Name of Parent/ Guardian | Signature of Parent/ Guardian | Date |
| Printed Name of Decoy | Signature of Decoy | Date |

Consent for Medical Treatment:

I hereby give my consent for my child, _____ to be treated by a physician, surgeon, or EMT in case of sudden illness or injury while participating in the tobacco purchase surveillance activity. If a personal physician is listed below, every effort will be made to contact the physician, however, the location of the activities and nature of the illness or injury will determine the use of the medical personnel.

Emergency Contact: _____ Phone: _____

Minor's Physician: _____ Physician's Phone: _____

Insurance Carrier: _____ Policy Number: _____

| | | |
|---------------------------------|-------------------------------|------|
| Printed Name of Parent/Guardian | Signature of Parent/ Guardian | Date |
|---------------------------------|-------------------------------|------|