



ADFY Advisor Training August 9th-10th, 2010

Please join **Idaho Drug Free Youth** for an opportunity to network with other advisors across the state as we align our chapters, and maximize our statewide impact. Following the Idaho Prevention Conference, IDFY will be hosting an indispensable IDFY Advisor Training that will equip advisors with the restructured Chapter Manual, Chapter enhancements, and leadership techniques to impact your students, schools, and communities.

August 9th-10th, 2010

Coeur d'Alene, Idaho

Kroc Center

Price: \$125 for Monday-Tuesday Training

ADVISOR TRAINING

Monday, August 9 9:00 am-5:00 pm (Light breakfast and Lunch Provided)

Tuesday, August 10 9:00 am-4:00 pm (Light breakfast and Lunch Provided)

ADVISOR TRAINING OBJECTIVES

- To introduce the new IDFY Chapter Manual & statewide IDFY Activity Calendar based on the four values of IDFY: Empowerment, Fun, Knowledge & Support.
- To guide adult advisors in developing a Leadership Team with student members to enhance teen engagement and collaboration in planning and implementation of school chapter activities.
- To educate participants with the latest trends and statistics in teen drug and alcohol use.
- To encourage and cooperatively manage a statewide timeline for prevention activities.
- IDFY Advisor and Staff networking to share successes and address struggles in chapters across the state.
- Provide IDFY Advisors with answers to questions about drug testing, chapter meetings, funding, community outreach, statewide events, and promotion.
- Learn new skills to use experiential education and processing techniques to make powerful connections between activities and real life.

IMPORTANT DETAILS

- You can receive (1) Professional Development Credit or (2) Continuing Education Credits from the University of Idaho.
- Registration Deadline is **Friday, July 23rd**.

Attendees will receive the newly released IDFY Chapter Manual!

IDFY

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REGISTRATION

Choose One: I am: IDFY Advisor IDFY Program Support

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

School: _____

Emergency Contact: _____

Emergency Contact Phone: _____

PAYMENT

Choose Workshop Option: **\$125.00 per participant** (Monday-Tuesday)

Make Checks payable to: Idaho Drug Free Youth

Method of Payment: Check #: _____ PO#: _____