



## IDFY CHAPTER CONTRACT OF PARTICIPATION

THIS AGREEMENT is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2010, by and between Idaho Drug Free Youth, Inc., an Idaho non-profit corporation (hereinafter referred to as "IDFY") and

\_\_\_\_\_  
(School Name), an Idaho Drug Free Youth Chapter.

Idaho Drug Free Youth (IDFY) is a community based drug, alcohol, and tobacco prevention program that educates and supports Idaho students. The goal of the program is to promote drug, alcohol, and tobacco free youth in Idaho by cooperation between youth, parents, police, school staff, business people, treatment providers, and other concerned individuals in a community supported youth program.

NOW THEREFORE in consideration of the mutual promises and conditions contained herein the undersigned agree as follows: Each Chapter of the Idaho Drug Free Youth program may operate in a flexible fashion consistent with the purposes and goals of IDFY and with the basic requirements found in the IDFY Program Overview (see Idaho Drug Free Youth Chapter Manual) as now exists or as may be amended by the Board of Directors of Idaho Drug Free Youth. The participants in the program agree to abide by the following regulations and any other regulations properly instituted by the Board of Directors of IDFY:

- Each Chapter shall appoint at least one Advisor to oversee all Chapter Activities.
- Chapter Advisors are responsible for submitting an **Advisor Contract & Chapter Contract** each year.
- Each Chapter shall use confidential drug testing as a component to the program and shall require initial and monthly drug testing for each person in the program so long as the person shall participate.
- Youth shall be involved in the planning and implementation of all program activities.
- Each Chapter shall recognize and encourage community participation in their organization.
- Each Chapter shall use the official IDFY Membership Card for participants as determined by IDFY, and that in establishing community participation each business or supporter of the program shall agree to acknowledge statewide discounts from the use of the card.
- Each Chapter will have their own funds to support their own activities. Their financial dealings shall be on a cash basis and no Chapter shall enter into any debt arrangement.
- The IDFY logo image shall not be changed and must be used consistently throughout the organization—locally, regionally, and statewide.
- IDFY Board of Directors will provide promotional and administrative assistance to the participating regions, as financial constraints will allow. The participating Chapters may be requested to assist in the cost of providing such promotional and administrative assistance, but such payments shall be equitable and fair as deemed by the Idaho Drug Free Youth Board of Directors.

IDFY shall in its sole discretion evaluate the progress of each chapter and if for any reason IDFY determines that a local chapter has failed to meet the high standards of IDFY, or has failed to complete the requirements as specified herein or as later specified through further regulations, then the chapter may be canceled at the sole discretion of the Board of Directors of IDFY.

In the event of such cancellation of a chapter's charter all parties involved agree to immediately seize further actions in the name of IDFY and to make known to any creditors and to the community through publication and other appropriate means of notice that a charter of the chapter has been canceled and that the chapter is no longer associated in any fashion with IDFY. In interpreting this contract of participation, the wording shall be given its simple and fair meaning. All documents related to IDFY shall be understood to protect the integrity and benefit of the IDFY program. Any inconsistency between IDFY documents shall be resolved to assure that IDFY's program is granted the utmost protection.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

Name of School/Organization \_\_\_\_\_

Print Principal Name \_\_\_\_\_ Principal Signature \_\_\_\_\_

The undersigned approves of and agrees to be bound by the above agreement.

Print Advisor Name \_\_\_\_\_ Advisor Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_