



YOUTH ADVISORY BOARD

Application Packet

2011-2012



IDAHO DRUG FREE YOUTH is excited to announce an opportunity for IDFY members going into the 10th, 11th, and 12th grades. This summer IDFY will be accepting applications for the YOUTH ADVISORY BOARD of 2011-2012. The six members who make up the 2011-2012 YAB will be selected based on an application and an interview process.

Upon acceptance to the YAB, members will be called upon to advise the staff and Board of Directors of IDFY on various aspects of the program. Throughout their year-long term, members will take part in several planning meetings for events such as the Leadership Retreat, the Idaho Youth Summit, and other statewide promotions. Each year a new Youth Advisory Board will be selected.

Directions: Each Youth Advisory Board Applicant must complete and return application materials no later than July 29th, 2011 for the 2011-2012 year.

Complete applications materials must include:

- Applicant Information Forms (2 pages)
- Parental & Youth Consent Form (1 page)
- Recommendation Forms (2)

Please mail your application materials to:

Idaho Drug Free Youth
610 W. Hubbard Ste. 123
Coeur d'Alene, ID 83814

Due: July 29th, 2011

IDFY YOUTH ADVISORY BOARD 2011-2012

Applicant Information Form

Name: _____ Age: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Facebook URL: _____

The grade you will be in during the 2011-2012 school year: 10th 11th 12th GPA: _____

Check one: Male Female

Are you a member of Idaho Drug Free Youth? Yes No No. Year(s) _____

Are you on your IDFY Chapter Leadership Team? Yes No Role _____ Year(s) _____

| Have You Attended? | If yes, what year(s)? |
|--|-----------------------|
| <input type="checkbox"/> The Idaho Youth Summit | _____ |
| <input type="checkbox"/> An IDFY Leadership Retreat | _____ |
| <input type="checkbox"/> An i2i Program at your school | _____ |
| <input type="checkbox"/> An IDFY VOICE Training | _____ |
| <input type="checkbox"/> Other Prevention Events | _____ |

List your extra-curricular and volunteer activities: _____

PARENTAL AND YOUTH CONSENT FORM

Your son/daughter has applied to be a member of the IDFY Youth Advisory Board for the 2011-2012 school year. Receiving Input from the youth that represent our state is vital to the growth and advancement of Idaho Drug Free Youth.

We have opened the application process to all youth who are committed in leading an alcohol and drug-free lifestyle and who will be in grades 10-12 during in the 2011-2012 school year.

We acknowledge the commitment that will be required of the applicants. To show you are willing to support your child in his/her desire to be a member of the IDFY Youth Advisory Board, we ask that you sign below to acknowledge your consent.

I have read and understand the above letter and the responsibilities of a member of the IDFY Youth Advisory Board. I provide my consent and support of my child’s decision to apply for a position with the IDFY Youth Advisory Board.

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

I give Idaho Drug Free Youth permission to publish in print, electronic, or video format the image of my child. I release all claims against the Idaho Drug Free Youth with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Parent/Guardian Signature _____ Date _____

YOUTH RESPONSIBILITIES CONSENT

I, if elected as a member of the IDFY Youth Advisory Board, will agree to:
Please initial.

- _____ Attend the **Youth Advisory Board Orientation Retreat.**
- _____ Attend the **IDFY Leadership Conference.**
- _____ Be present on quarterly conference calls.
- _____ Take part in on-going online correspondence through email.
- _____ Participate fully in the development and promotion of IDFY programs in your area.
- _____ Submit one (1) article for the IDFY “Notify” newsletter.
- _____ Remain alcohol, tobacco, and drug free.

I, if elected as a member of the IDFY Youth Advisory Board, will agree to follow through with my responsibilities as a group member during my one-year term (August 1, 2011 to May 31, 2012). If I fail to meet my responsibilities, I agree to maintain the integrity of the IDFY Youth Advisory Board by agreeing to terminate my position with the group. I would also hold the sponsoring agencies, their funding sources, staff or successors-in-interest harmless from liability due to any accident or injury to myself during a IDFY Youth Advisory Board meeting or event.

SIGNATURE _____ DATE _____
Applicant Signature

IDFY Youth Advisory Board Recommendation Form

Due: July 29th, 2011

Applicant's Name _____ Relationship to Applicant _____

Your Name _____ Phone _____

E-Mail _____ How long have you known the applicant? _____

The IDFY Youth Advisory Board consists of high school drug-free youth leaders in Idaho that will work with community members, business professionals, and other youth across the state in organizing Idaho Drug Free Youth activities. It is important to have youth on the board that are drug and alcohol free, excel in a leadership role in their school or community, and are actively involved in substance use prevention efforts.

What strengths does the applicant possess? _____

What one quality does this applicant possess that makes them stand out as a leader among their peers? _____

What are some of the qualities that you have observed that the applicant possesses and displays in leadership roles in their school and community?

Describe the applicant's ability to work with other youth and adults:

Why do you recommend this applicant to be a leader on the IDFY Youth Advisory Board?

Thank you for taking the time to complete this letter of recommendation. Questions? Please call (208) 664-4339.

Please mail the completed form by July 29th, 2011 to:

IDAHO DRUG FREE YOUTH
610 W. Hubbard Ste. 123
Coeur d'Alene, ID 83814

RECOMMENDATION FORM