



Drug-Free Youth **Volunteer Application**

CHAPTER: ___ North Port ___ Venice ___ Sarasota ___ Charlotte ___ Desoto ___ Manatee

Date _____

Name _____ D.O.B _____

Address _____ City _____

Phone _____ email _____

Please provide contact information for at least two references:

1. _____ Phone _____

2. _____ Phone _____

In what role do you see yourself as a volunteer for D-Fy?

___ Data Entry ___ Community Outreach/Liaison ___ Intake ___ Clerical ___ Leadership
___ Board Member ___ Other

Signature required for application processing:

I understand the volunteer application process includes a background check and drug-screen. I also understand this information will not be shared with anyone outside of the application process without my consent, but will remain as part of my application file under supervision of D-Fy coordinating council. Being a volunteer for Drug-Free Youth (D-Fy) signifies that I have validated my commitment to being drug free through a drug screen and annual screens thereafter. I also understand that I must adhere to the same standards as youth D-Fy members and uphold a code of conduct whereas I will not engage in unlawful activities, or openly condone the use of illegal substances or illegal activities to include, but not limited to, posts on social media. If my actions are deemed inappropriate by the D-Fy leadership, I will be dismissed of my duties.

Signature _____ Date _____