



Jackson County Drug Free Youth Council Application

Jackson County Youth Council Vision

To provide a youth's perspective on concerns relation to alcohol, tobacco and other drug use, impaired driving, and public safety.

Assist the Drug-Free Council to develop and promote plans of action in the local community to address these issues.

Who Should Apply to the Jackson County Youth Council?

- The Youth Council may consist of students from each school corporation in Jackson County.
- Applicants must be at least 15 and no older than 18 years old (or between 9th and 12th grade in the time of the application)
- Applicants must have a strong interest in, and commitment to, dealing with the issues of alcohol, tobacco, and other drug use.
- Applicants must be team oriented and enjoy working in groups
- Applicants must be able to attend meetings and must provide their own transportation to these meetings and volunteer to work on special events throughout the year.
 - Upcoming events include:
 - Passing out water to runners/walkers at Celebrate Recovery 5K on September 12th (morning/early afternoon)
 - Passing information out at the Dare Soapbox Derby Sept. 26 (all day)

What is the Jackson County Drug Free Council?

The Jackson County Drug-Free Council, Inc. was officially created in 1991 by Indiana statute in association with the Governor's Commission for a Drug Free Indiana. The JCDFC consists of concerned individuals who work to prevent and reduce alcohol, tobacco, and other drug use/abuse in Jackson County.

The Council meets on a regular basis developing a comprehensive plan to address ATOD issues and to advise the County Commissioners and the Governor's Commission for a Drug Free Indiana on community efforts to address those issues.



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General Information:

First & Last Name _____

Gender: M or F Age _____ Birth date _____

Home Address _____

Mailing Address (if different from above) _____

City _____, IN Zip Code _____

Home Phone _____ Cell Phone _____

School Attending _____ School Phone _____

Grade Level (for this school year) _____

Shirt Size (Circle One): M L XL 2XL

Applicant Signature & Parent/Guardian Permission

I understand that I am applying to serve as a contributing member on the Jackson County Drug Free Youth Council. I agree to complete this application and, if chosen, I will be expected to contribute to the work of the Council both at regular meetings and special events providing transportation for myself to and from said meetings and events.

Applicant _____ Date _____

I authorize my child to participate in the application process for the Jackson County Drug Free Youth Council. I understand that, if selected, my child will be attending monthly meetings and will be responsible for their own transportation to and from meetings and special events.

Parent/Guardian _____ Date _____

For More Information, contact Heather Davis, Youth Program Director @ (812)525-3078 or madison5255@yahoo.com

Short Answer (Answer all questions on this sheet. You may use the back if necessary)

- 1.) Why would you like to be a member of Jackson County Youth Council?

- 2.) What could you contribute to the group?

- 3.) List all alcohol, tobacco and other drug prevention activities and related clubs in which you've been involved in in your school or community.

- 4.) List any other activities (I.e., conferences, school, church, sports, jobs, hobbies, etc.), in which you've been involved.

To- Do Checklist	
	Application is filled out
	Signed by you and your parent/guardian
	Read all requirements/expectations
	Sent to: Heather Davis 426 W 7 th St. Seymour, IN 47274 Or emailed to: Madison5255@yahoo.com

Due BY AUGUST 22nd, 2009