



Office Use Only

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## Drug-Free Youth Volunteer Application

**Chapter:**

North Port    
  Sarasota    
  Venice    
  DeSoto    
 Date \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Can we text you? \_\_\_\_\_

Email: \_\_\_\_\_ Can we add you to our email list? \_\_\_\_\_

**Are you currently:**  employed full-time   
 employed part-time   
 retired   
 student

**Name and contact information for 2 references:**

1)

2)

**What role do you envision playing in D-Fy as a volunteer?**

**Signature Required for Volunteer 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.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date