



Drug-Free Youth Membership Application

OFFICE USE ONLY

database compliant

New Member Renewing Member Random Test

<input type="checkbox"/> Desoto	<input type="checkbox"/> Englewood	<input type="checkbox"/> North Port	<input type="checkbox"/> Manatee
<input type="checkbox"/> Punta Gorda	<input type="checkbox"/> Sarasota	<input type="checkbox"/> Venice	<input type="checkbox"/>

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)			
NAME:		BIRTHDATE:	
ADDRESS:		CITY:	ZIP CODE:
PHONE:	PARENT/ GUARDIAN NAME:		PARENT/ GUARDIAN PHONE:
MAY WE TEXT YOU: <small>(Don't miss out on D-Fy opportunities!)</small>		EMAIL:	
SCHOOL:	GRADE:	HIGH SCHOOL GRADUATION YEAR:	
PLEASE READ BEFORE SIGNING! SIGNATURE REQUIRED FOR APPLICATION PROCESSING			

I understand that a drug test is part of the application process and will be conducted at no charge to me as part of the initial application or renewal. I also understand that a \$10 fee is required for the replacement of a lost card, which will also include a re-test. I understand a parent or guardian signature is required if I am under age 13; and if I am under 18, a parent/guardian has the right to request my results, and will be notified if there is a positive result for a tested substance. If the test indicates alcohol, tobacco, or drugs, my application will not be forwarded for membership, however, a D-FY representative will provide me with options to re-apply. If I successfully pass the drug screening, my application will be processed to finalize my membership.

I understand the above named applicant's information and membership status will be stored securely online in a (non-public access) D-FY membership database.

Holding an active membership in Drug-Free Youth (D-FY) signifies that I have validated my commitment to being alcohol, tobacco, and drug free through a drug test. Annual renewal is required, and I may also be subject to random testing throughout my membership. I understand my membership will be revoked if I refuse requests for future drug tests; participate in drug, alcohol, or tobacco use; or any unlawful activities.

The following survey questions are for research/grant purposes only, and have no influence on D-Fy membership eligibility

GENDER: MALE FEMALE PREFER NOT TO ANSWER

RACE/ETHNICITY: AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR PACIFIC ISLANDER WHITE HISPANIC OR LATINO PREFER NOT TO ANSWER

DO YOU QUALIFY FOR FREE OR REDUCED LUNCHES?: YES NO PREFER NOT TO ANSWER

Applicant Signature Date

Parent/Guardian Signature (if under age 13) Date