



Office Use Only

✓ database compliant application

# Drug-Free Youth Membership Application

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     |                                  |

| APPLICANT INFORMATION                                 |  |                  |               |
|---|--|------------------|---------------|
| Name:   |  | Birthdate:       |               |
| Address:  |  | City:            | Zip code:     |
| Phone:  |  | May we text you? |               |
| Email:  |  |                  |               |
| Parent/Guardian Name:                                 |  | Parent Phone:    |               |
| School:   |  | Grade:           | HS Grad Year: |
| <b>SIGNATURE REQUIRED FOR APPLICATION PROCESSING:</b> |  |                  |               |

**◆◆◆PLEASE READ BEFORE SIGNING◆◆◆**

*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 my child's (above) 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 voided if I refuse requests for future drug tests; participate in drug, alcohol, or tobacco use; or any unlawful activities.***

|                     |      |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

|  |      |
|--|------|
| Parent/Guardian Signature<br>(if under age 13) | Date |
|--|------|