



OFFICE USE ONLY:  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**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 \_\_\_\_\_