

Carlsbad Community Anti-Drug/Gang Coalition

Teen Advisory Board Member Application

Please fill out and return to Eve Flanigan, Program Manager, jump.clear@plateautel.net, PO Box 1867, Carlsbad, NM 88221, or fax to 575-628-3030 by Jan. 1, 2010.

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

What is the preferred way to contact you? Phone Email Text

School Information

School Name: _____ Grade: _____

List involvement, if any, in clubs or activities below (can be school-related or extracurricular)

Team Involvement Information

What days and times (*write under each day*) are you available to meet?

Monday Tuesday Wednesday Thursday Friday Saturday

Do you have your own transportation to and from meetings and special events? Yes No Sometimes

What forms of team involvement would interest you now or in the future (*check all that apply*)?

Now Future Unsure

- Participate in mostly teen meetings
 Participate in mostly adult committee meetings
 Co-chair committee meetings
 Attend special events
 Assist planning special events
 Write marketing material for the team (*such as news stories*)
 Develop and/or maintain social networking or web outreach
 Promote the team and program to others in the community
 Recruit volunteers and program participants
 Other _____

Personal Information (*Use additional paper if necessary*)

Why do you want to serve the Carlsbad Community Anti-Drug/Gang Coalition as a team member?

What skills will you bring to the team as a team member?

Describe one youth or community issue that concerns you that the team may be able to address.

With what other organizations or groups have you volunteered and what was your role?

Please include anything else you would like us to know about you.

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PARENTAL CONSENT – please have your parent or legal guardian sign.

I understand that my teen (print name) _____ is applying to participate as a teen advisor to the Carlsbad Community Anti-Drug/Gang Coalition. If my teen is accepted to serve, this activity will entail travel to local meetings at least once monthly, to help develop and carry out youth-driven efforts to reduce drug activity in our community. Stipends for fuel or other tokens of appreciation or assistance may be provided to my son or daughter, for the purposes of ensuring access to meetings or to motivate participation. I understand these activities should pose no risks to my child. Nevertheless, I agree to hold the Carlsbad Community Anti-Drug/Gang Coalition, its officers and members, harmless for any injury, loss or damage of life, health or property related to his/her participation.

This agreement will be in effect from the time of signature through the duration of my student's involvement on this project, or until I rescind it.

Parent/Guardian Signature

Print name

Date