

# UNDERAGE DRINKING ENFORCEMENT TRAINING CENTER (UDETTC)

## National UDETTC Youth Council Application Form

### 2012 Application

#### Contact Information

Name: (Last): \_\_\_\_\_ (First): \_\_\_\_\_ Age \_\_\_\_\_

School Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birthday: Month/Day \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

#### Which activities of the National Youth Council interest you the most? Check all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Recruitment            | <input type="checkbox"/> Research          | <input type="checkbox"/> Evaluation                     |
| <input type="checkbox"/> Curriculum Development | <input type="checkbox"/> Conference Themes | <input type="checkbox"/> Experiential Activities        |
| <input type="checkbox"/> Training               | <input type="checkbox"/> Mentorship        | <input type="checkbox"/> Technology/Web development     |
| <input type="checkbox"/> Advocacy               | <input type="checkbox"/> Peer Education    | <input type="checkbox"/> Social Networking events/Games |
| <input type="checkbox"/> Media/Public Awareness | <input type="checkbox"/> Leadership        | <input type="checkbox"/> Logistics Planning             |
- Other: \_\_\_\_\_

Are you associated with a Coalition? Yes \_\_\_\_\_ No \_\_\_\_\_

#### If Yes:

Coalition Name: \_\_\_\_\_

Coalition Director's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Parent/Guardian Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Instructions: A completed application form includes:**

- The 2012 application (page 1)
- A letter of reference/recommendation. The letter should come from a member of a coalition, school or agency with which you have been involved for some portion of the last two years.
- Your responses to the questions below on separate paper. Your responses should be typed, and be no longer than (2) two double-spaced pages. Include your name and contact information on each page of your application.
- The youth skills and interest questionnaire

*The maximum total number of pages allowed for your full application, including the cover sheet and letter of recommendation, is (5) five pages.*

**Questions**

1. Please describe any involvement you have in preventing underage drinking in your school and/or community.
2. What role do you think youth should play in creating community change?
3. Everyone is unique in some way! This is what helps to make the UDETC's National Youth Council so diverse. Tell us what unique qualities, talents, and experiences you have that would benefit the Council.

**Parent / guardian consent (if applicant is less than 18 years of age)**

I give permission for my son / daughter to participate in the Youth Council.

I give permission for photographs of my son/daughter to be used in Council promotional material including the Council website, publications and media releases.

Parent / guardians name: \_\_\_\_\_

Signature \_\_\_\_\_

Emergency contact name (s) and phone numbers: \_\_\_\_\_

\_\_\_\_\_

Submit application and supporting documents (via mail, email or fax) to:

Mary V. Gordon  
Pacific Institute for Research and Evaluation (PIRE)  
11720 Beltsville Drive, Suite 900, Calverton, MD., 20705  
Toll-free: 1-877-335-1287; Office: 301-755-2752; Cell: 240-354-2130  
Fax: 301-755-2799  
Email: [gordon@pire.org](mailto:gordon@pire.org)