

# DRUG-FREE ALL STAR APPLICATION PACKAGE



**THE COALITION**  
Coming together for a better community

## **Requirements:**

- 1 - Application form to be completed by applicant
- 1 - Contract to be signed by applicant & parent/legal guardian
- 1 - Photo of applicant
- 1 - Reference form to be completed by principal, teacher or counselor
- 1 - Reference form to be completed by another teacher, non-relative, employer, pastor, etc.

To be considered for the All Star program, each applicant must have two reference forms which may be mailed to The Coalition separately from the application and contract. Completed application, contract and 2 reference forms must be turned in to The Coalition or mailed to:

The Coalition – Patricia Pitones  
P.O. Box 152236  
Lufkin, TX 75915

**Application, contract and reference forms must be postmarked by **Thursday, May 31, 2018** to be considered for the Drug-Free All Star Program. You will be called for a phone or personal interview before the selection process is finalized in June. All Stars will be selected and notified in July. Thank you for your interest in the program.**

## APPLICATION FOR DRUG-FREE ALL STARS

*Names, statements and pictures of the students who are chosen as Drug-Free All Stars will be used in promotional advertising throughout the year.*

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

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

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

Age: \_\_\_\_ Birth Date: \_\_\_\_\_ Grade for 2018/2019 school year: \_\_\_\_\_

T-Shirt Size: \_\_\_\_ Do you have any dietary restrictions? Gluten-free / Sugar-free / Vegetarian / Other (please specify): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I can receive text messages on my cell phone: Yes \_\_\_\_ No \_\_\_\_

Circle if you are on any of these social networks: Facebook Twitter Instagram Snapchat  
Please list any social networks, which are not included in the list: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_ E-mail (required): \_\_\_\_\_

Parent's Names: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Parent Phone Numbers: Mother \_\_\_\_\_ Father: \_\_\_\_\_

**Would you be willing to be drug-tested?** \_\_\_\_\_

Does your school have one or both of the following programs? (Circle which one):  
KYSSED / SMASH / None

I'm a member of KYSSED/SMASH/ None (Circle which one)

If yes, list any officer positions held: \_\_\_\_\_

If no, you need to join at the beginning of the school year to become a Drug Free All Star.

Have you ever been received a MIP, DUI or any other alcohol related citation? \_\_\_\_\_

**Clubs and School Activities:**

\_\_\_\_\_

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\_\_\_\_\_

**Are you currently employed? If yes, where? Please make sure to include your schedule.**

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**Community Involvement (Including church, clubs, etc.):**

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*Please answer the following questions in the space provided:*

**What do you consider the age that is most critical to start Drug-Free Education and why?**

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**What does it mean to be drug-free?**

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**Why have you chosen not to use drugs, tobacco or alcohol?**

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**What are the best ways to reach young people with a drug-free message?**

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**What are the best ways for you as an individual to convince others to be drug-free?**

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**What can our community do to create an environment for young people to be drug-free?**

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**Why will you be a good role model for younger students?**

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**Who is your role model and why? \_\_\_\_\_**

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**Why do you want to serve?**

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**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*\*ATTACH\*\*\*  
PHOTO  
HERE**

## Drug-Free All Star Program Commitment

Dear Student and Parent/Legal Guardian:

Your son/daughter has indicated an interest to join the Angelina County Drug-Free All Star program. The All Star program is a program for students to demonstrate their commitment to a drug-free lifestyle and to be examples to other youth. One way to demonstrate this commitment is by signing the following contract.

The Drug-Free All Star program is an independent organization (separate from the school systems) that is supported by local citizens and The Coalition. The purpose of this organization is to offer support to the youth of our community who have made the choice to maintain a drug-free lifestyle and to be role models for other youth. The students who are selected to be members of the All Star program are asked to participate in an average of two community awareness activities per month and will be involved in various activities throughout the year. The Coalition reserves the right to drop an All Star from the program due to inactivity.

Drug-Free All Stars will be chosen from each public/private high school in Angelina County. This is a voluntary program that does not require involvement in any other extracurricular activity.

### Student Contract

**Students, please initial the following agreements.**

**\_\_\_ 1. I agree to submit to drug testing upon entry and throughout the durations of the program.**

Once a student has obtained parental permission, he/she must sign up to be voluntarily drug tested. The Coalition's designated drug-testing organization will conduct drug testing of the student's urine using methods designed to insure privacy and dignity. The student and his/her parent/legal guardian will be notified of the results of the test by the designated representative of The Coalition.

If the student tests negative for drugs, he/she will be eligible to participate in the Drug-Free All Star program. A student who tests positive and is found to have drugs in his/her system will not be allowed to participate in the All Star Program whatsoever and will be informed of programs for drug rehabilitation.

**\_\_\_ 2. I agree to continue a drug, alcohol and tobacco-free lifestyle.**

Once a student is selected as a Drug-Free All Star, they will be required to live a continuous drug-free lifestyle, including the abstinence from using any and all illegal drugs, alcohol or tobacco. If a Drug-Free All Star is reported to have been using drugs, alcohol or tobacco, they may be subject to dismissal from the All Star Program. To ensure that the All Star is given the right to be heard, the Chairman of the Drug-Free All Star committee and the designated employee of The Coalition will meet with the student and his/her parent/legal guardian at The Coalition office to discuss the alleged drug, alcohol or tobacco use. After this meeting, it will be the discretion of the The Coalition to decide if the All Star will remain in the program. Once a decision has been made, it will be final. Being a member of the Drug-Free All Stars is a privilege and not a right.

**\_\_\_ 3. I agree to be and remain an example of a drug, alcohol and tobacco-free youth.**

I understand that as a Drug-Free All Star, my actions will be watched closely by others. I agree to remain drug, alcohol and tobacco-free to set an example to the youth of Angelina County, which includes not attending parties where alcohol will be served.

**\_\_\_ 4. I agree to attend a mandatory All Star Training on Sunday, August 26th, 2018.**

I understand that as a Drug-Free All Star I am required to attend a mandatory training on Sunday afternoon, August 26th, 2018. The time and date have been selected as the least likely to conflict with school and other activities. Should I miss this training I will be dismissed from the program.

**\_\_\_ 5. I agree to pay the amount of \$40.** The amount is due in full by August 26<sup>th</sup> 2018 unless previously discussed with All Star Coordinator, Patricia Pitones. This amount pays for t-shirts and training materials. **Scholarships are available if needed** and must be applied for upon return of All Star application; contact The Coalition at 936-634-9308 for information on how to apply for a scholarship.

\_\_\_6. I agree to commit to at least 1-2 hours/month of Drug-Free All Star community service.

\_\_\_7. I agree to attend 6 of the 8 Drug-Free All Star meetings.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Parent Consent

I, the undersigned parent/legal guardian, understand that my child will be required to voluntarily submit a urine sample for a drug screening test upon selection to the Drug-Free All Star program. I further understand that he/she will be subject to drug testing at any time at the request of The Coalition. I also understand that in addition to a drug test, my child and I will be required to meet with the Drug-Free All Star Committee Chair and the designated employee of The Coalition should there be any allegations that my child is using drugs, alcohol or tobacco. I agree to abide by The Coalition's decisions with regard to dismissal from the program and understand that the program is a privilege and not a right.

I grant full permission to The Coalition to use my child's photo in any publication or advertisement materials (electronic or printed). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my child's photograph or profile information.

I have read and fully understand the above terms of this contract and agree to abide by them of my own free will and hereby release the All Star program, The Coalition, the drug testing company, their respective offices, directors, agents, employees, representatives, successors, and assigns from any and all claims and causes of actions arising out of my child's entry into the Drug-Free All Star program, and drug testing associated thereto, or any termination from said program.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

**DRUG-FREE ALL STAR REFERENCE FORM  
TO BE COMPLETED BY PRINCIPAL, TEACHER OR COUNSELOR**

**TO THE APPLICANT:**  
PLEASE TYPE OR PRINT

NAME \_\_\_\_\_

This reference form is for your high school principal, teacher or counselor. The comments will be used for selection purposes. Please sign and date the waiver below:

Waiver of Access: I, the undersigned, waive the right of personal access to the reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**TO THE REFERENCE:**

The person named above is an applicant for the Drug-Free All Star program. The selection committee attaches considerable weight to the statements made by the references of the applicant.

**Please mail this form postmarked by Thursday, May 31, 2018 to: The Coalition  
Attn: Patricia Pitones  
P.O.BOX 152236  
Lufkin, TX 75915**

Name of Reference: \_\_\_\_\_

Position/Title: \_\_\_\_\_ School: \_\_\_\_\_

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

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

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1. For how long and in what capacity have you known the student (applicant)?

\_\_\_\_\_

2. What do you consider the applicant's primary talents or strengths?

\_\_\_\_\_

\_\_\_\_\_

3. Why do you consider the applicant to be a leader in standing against drugs, alcohol and tobacco products?

\_\_\_\_\_

4. Comment on the applicant's relationships with his/her peers.

\_\_\_\_\_



Please use the scale below to compare applicant with other students you have known.

	Exceptional	Excellent	Good	Average	Poor	Unable to Judge
Character						
Concern for others						
Responsibility						
Leadership						
Participation						
Ability to work with others						
Maturity						
Poise						
Oral Communication Skills						
Persistence & Drive						
Interest in community						
Analytical ability						

Any additional comments:

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Thank you for filling out this reference form!

**DRUG FREE ALL STAR REFERENCE FORM  
TO BE COMPLETED BY A TEACHER, NON-RELATIVE, OR EMPLOYER**

**TO THE APPLICANT:**  
PLEASE TYPE OR PRINT

NAME \_\_\_\_\_

This reference form is for another teacher, counselor, non-relative, employer or pastor. The comments will be used for selection purposes. Please sign and date the waiver below:

Waiver of Access: I, the undersigned, waive the right of personal access to the reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Oral Communication Skills						
Persistence & Drive						
Interest in community						
Analytical ability						

Any additional comments:

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Thank you for filling out this reference form!