



THE COALITION
Coming together for a better community

DRUG-FREE ALL STAR APPLICATION PACKAGE

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. 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.

Applicant should be committed to a life free of drugs, alcohol, tobacco and e-cigarettes (including ELF, Puff/Air bars and other brands) and they should be passionate about sharing that commitment with their peers.

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 a non-relative, employer, pastor, other community member that you know from outside of school.

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

The Coalition – Abby Baker
P.O. Box 152236
Lufkin, TX 75915

Applications, contracts and reference forms may also be emailed to Abby Baker at abaker@angelinacoalition.org. Subject line should include student's full name and "DFAS Application" or "DFAS Reference."

Application, contract and reference forms must be postmarked by **Friday, May 31, 2024 to be considered for the Drug-Free All Star Program. You will be called for an interview in June. All Stars will be selected and notified in July. Thank you for your interest in the program.**

DRUG-FREE ALL STAR APPLICATION

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

Name: _____ Preferred Name: _____
(this name will be used on nametag & other communications)

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birth Date: _____ Grade for 2024/2025 school year: _____

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

Cell Phone: _____ Home Phone (if available): _____

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

Circle if you are on any of these social networks: Facebook Twitter Instagram TikTok Snapchat

Please list any other social networks you are on, which are not included in the list:

School: _____ **E-mail (required):** _____

Parent Names: Mother: _____ Father: _____

Parent Phone Numbers: Mother: _____ Father: _____

Parent Email Addresses: Mother: _____ Father: _____

Are you willing to be drug-tested? _____

Does your school have one or both of the following programs? (Circle which one):
DRUG-FREE COUNCIL (DFC) / KYSSSED / SMASH / SAYWHAT! / None

I'm a member of DRUG-FREE COUNCIL / KYSSSED/SMASH/SAYWHAT!/None (Circle)

If you are a member, list any officer positions held: _____

If your school has a DFC/KYSSSED/SMASH/SAYWHAT! club and you are not already a member, you need to join at the beginning of the school year in order to become a Drug-Free All Star.

Have you ever received a MIP, DUI or any other alcohol related citation? _____

Please answer the following questions in the space provided:

Clubs/School Activities:

Are you currently employed? If yes, where? Please include your typical work schedule.

Community Involvement (Including church, volunteer work, etc.): _____

What age do you consider is most critical to start drug-free education and why?

What does it mean to you to be drug-free? _____

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

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

What can our community do to create an environment for youth to remain drug-free?

Who is your role model and why? _____

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

Why do you want to serve as a Drug-Free All Star?

*****ATTACH*****

PHOTO

HERE

**(PHOTOS MAY ALSO BE SCANNED AND EMAILED
SEPARATE FROM THE APPLICATION)**

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. 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. *Applicant should be committed to a life free of drugs, alcohol, tobacco and e-cigarettes (including ELF, Puff/Air bars and other products) and they should be passionate about sharing that commitment with their peers.* One way to demonstrate this commitment is by signing the following contract.

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 duration 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, tobacco and e-cigarette-free lifestyle (including ELF, Puff/Air bars and other products).

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, tobacco or e-cigarettes (including ELF, Puff/Air bars or other products). If a Drug-Free All Star is reported to have been using drugs, alcohol, tobacco or e-cigarettes (including ELF, Puff bars and other products) 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, tobacco or e-cigarette use. After this meeting, it will be the discretion of 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, tobacco and e-cigarette-free youth (including ELF, Puff/Air bars, and other products).

I understand that as a Drug-Free All Star, my actions will be watched closely by others. I agree to remain drug, alcohol, tobacco and e-cigarette-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 the mandatory All Star Training on **Sunday, August 25, 2024.**

I understand that as a Drug-Free All Star I am required to attend a mandatory training on Sunday afternoon, August 25, 2024. The time and date have been selected as the least likely to conflict with school and other activities. If I miss this training, I will be dismissed from the program.

___ 5. **I agree to pay the amount of \$40 or request a scholarship, if needed.** The amount is due in full by August 25, 2024 unless previously discussed with All Star Coordinator, Abby Baker. This amount pays for t-shirts and training materials. **Scholarships are available if needed;** instructions for requesting a scholarship will be given upon acceptance into the program.

___6. **I agree to commit to at least 1-2 hours/month of Drug-Free All Star community service, including Project Sticker Shock (dates to be announced).**

___7. **I agree to attend 6 of the 8 Drug-Free All Star monthly 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, tobacco or e-cigarettes (including ELF, Puff/Air bars and other products). 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

Application, contract and reference forms must be emailed or postmarked by **FRIDAY, MAY 31, 2024 to be considered for the Drug-Free All Star program. You will be called for an interview in June. All Stars will be selected and notified in July. Thank you for your interest in the program.**

APPLICANT INSTRUCTIONS FOR REFERENCES

If you will see your references in person in the next few weeks, you may print out 2 copies of the following form and give to he/she in person. If not, please contact your references to ask them to fill out a reference form for you from the following link: <https://www.angelinacoalition.org/youth>.

NOTE: you must have 2 references:

1. One reference that is completed by school personnel, such as a principal, teacher, or counselor AND
2. One that is completed by a non-relative that you know outside of school, such as an employer, pastor or other community member.

DRUG-FREE ALL STAR REFERENCE FORM
TO BE COMPLETED BY PRINCIPAL, TEACHER OR COUNSELOR
AND
A NON-RELATIVE, SUCH AS AN EMPLOYER, PASTOR OR OTHER COMMUNITY MEMBER FROM
OUTSIDE THE APPLICANT'S SCHOOL

TO THE REFERENCE:

You have been asked to be a reference for an applicant to 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 Friday, May 31, 2024 to:

The Coalition
Attn: Abby Baker
P.O. BOX 152236
Lufkin, TX 75915

Reference forms may also be emailed to Abby Baker at abaker@angelinacoalition.org. Subject line should include student's full name and "DFAS Reference."

APPLICANT NAME: _____

Name of Reference: _____

Position/Title: _____ School/Organization: _____

Mailing Address: _____

Phone: _____ Relation to the Applicant: _____

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, tobacco and e-cigarettes (including ELF, Puff/Air bars)?

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:

Thank you for filling out this reference form!