

# Florida SADD

## STUDENT ADVISORY BOARD APPLICATION FORM

Please type or legibly print.

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

School: \_\_\_\_\_

Name of your Principal: \_\_\_\_\_

Name of your SADD Chapter Adviser: \_\_\_\_\_

Name of Parent/Caregiver: \_\_\_\_\_

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

STREET

CITY

ZIP

STATE

COUNTY

Home Phone (with area code): \_\_\_\_\_

Your Cell Phone (with area code): \_\_\_\_\_

Parent/Caregiver Cell Phone (with area code): \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Parent/Caregiver e-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Your grade level: \_\_\_\_\_

Male

Your GPA: \_\_\_\_\_

Female

Your Date of Birth (xx/xx/xx): \_\_\_\_\_

Polo Shirt size: XS S M L XL XXL Other: \_\_\_\_\_

Signatures:

\_\_\_\_\_  
APPLICANT DATE

\_\_\_\_\_  
CHAPTER ADVISER DATE

\_\_\_\_\_  
CHAPTER PRESIDENT DATE

\_\_\_\_\_  
SCHOOL PRINCIPAL DATE

\_\_\_\_\_  
PARENT DATE



Submit via e-mail to [FloridaSADD@gmail.com](mailto:FloridaSADD@gmail.com)

**Please answer the following questions, and submit your responses with your completed application:**

1. How long have you been a member of SADD?
2. What officer position have you held in your SADD chapter?
3. What other activities/clubs do you belong to?  
Why should you be selected to serve your region?
4. What leadership attributes can you bring to the board?
5. What accomplishment/s have you had in SADD that you are proud of? Why?
6. What is a goal you would like to accomplish as a member of the SAB?

## **Applicant and Parent/Caregiver Contract**

**In order to be considered for a position on the SAB, both the applicant and parent/caregiver must understand and agree to the following expectations. Applicant: initial next to each bulleted point to verify that you have read and understood that responsibility. When done, both the applicant and the parent/caregiver must sign the agreement.**

**I, (print your name)\_\_\_\_\_ am:**

- \_\_\_\_ committed to the philosophy and mission of SADD.
- \_\_\_\_ an active member of a registered SADD chapter.
- \_\_\_\_ willing to serve for a term of office that runs for one year and may apply for a second one year term.
- \_\_\_\_ willing to do my best to attend a fall and/or spring business meeting, regional meetings, the FL SADD state conference, and the SADD National conference. The FL SADD office may reimburse pre-approved travel expenses to the fall and spring meetings and the majority of travel expenses to the SADD National Conference *pending availability of funds*. FL SADD can not reimburse parent travel expenses. Travel expenses are paid upfront by student/parent and *may* be reimbursed after travel and completing a travel form.
- \_\_\_\_ able to attend monthly conference calls and/or chat business meetings as needed.
- \_\_\_\_ willing to keep informed of the SADD activities in my respective region.
- \_\_\_\_ willing to write newsletter articles and regional updates for the FL SADD newsletter and website.
- \_\_\_\_ able to speak at schools in my region.
- \_\_\_\_ able to assist schools in my region to establish SADD chapters.
- \_\_\_\_ able to promote SADD within my region, including statewide programs and activities.
- \_\_\_\_ able to write and distribute a letter of introduction to the schools in my region. My school is willing to absorb the printing and mailing costs.
- \_\_\_\_ willing to allow any photos taken of me by the state coordinator to be used in the FL SADD newsletter, on campaign materials such as posters or slicks, and on the FL SADD website.
- \_\_\_\_ willing to allow my email address to be posted on the FL SADD website and newsletters.
- \_\_\_\_ able to assist the State Coordinator in preparing and implementing regional meetings and the FL SADD state conference.

**Applicant Agreement:**

**I understand and agree to the FL SADD Student Advisory Board expectations.**

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APPLICANT (sign)

DATE

**Parent/Caregiver Agreement:**

**I understand my child could be asked to resign if these expectations are not met. I agree to support my child in this position and help him/her meet the Student Advisory Board expectations.**

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PARENT/CAREGIVER (sign)

DATE