



PO Box 2041
Newport OR 97365
541.574.7890
PAADA.org

A grassroots community coalition working to empower youth and adults to make healthy decisions and to reduce the use and abuse of tobacco, alcohol, and drugs.

To extend this mission to Lincoln County residents in a comprehensive and long term plan, to include the following goals:

- Reduce prescription drug use
- Create consistent and sustainable Enforcement of Underage Drinking and MIP policies
- Increase consistency of prevention messaging
- Reduce adult approval of underage substance use
- Increase the number of businesses that have Drug Free Workplace policies
- Impact school prevention education and policy
- Create consistent and coordinated response of Law Enforcement and Judiciary to Minor in Possession infractions

PAADA Volunteer Application

Date: _____

Name: _____

Employer: _____ Position: _____

Day Phone: _____ Cell Phone: _____

Personal Email: _____ Work Email: _____

Street/P.O. Box: _____ City: _____ Zip: _____

*Please note: Your personal information will not be shared with outside organizations, but will be made available to PAADA Board Members and PAADA Action Committees.

Reason for Volunteering: _____

I am interested in helping with:

- | | |
|---|--|
| <input type="checkbox"/> Media | <input type="checkbox"/> Other Youth Programs |
| <input type="checkbox"/> Prescription Drug Take Back | <input type="checkbox"/> Events |
| <input type="checkbox"/> Drug Free Workplace | <input type="checkbox"/> Food/Treats |
| <input type="checkbox"/> Enforcement of Underage Drinking Laws (EUDL) | <input type="checkbox"/> Newsletters, Brochures, and other Media |
| <input type="checkbox"/> Teen Court | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> School Programs | <input type="checkbox"/> Other _____ |

Volunteer Experience:

Organization: _____ Duties: _____

Organization: _____ Duties: _____

Organization: _____ Duties: _____

Organization: _____ Duties: _____

Organization: _____ Duties: _____

Signature: _____ Date: _____

Please return your application to:

*Don McDonald, Coordinator
PO Box 2041
Newport OR 97365
Telephone: 541.574.7890
Fax: 541.574.2995
paadadfc@gmail.com*

<p><u>Administrative Use:</u></p> <p>Received: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Board: _____</p> <p>Accepted: _____</p> <p>Packet: _____</p> <p>Anniversary Date: _____</p>
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