



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 Board Member 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.

Areas of Interest: (Check all areas of interest)

- | | |
|---|---|
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Reducing Access & Availability |
| <input type="checkbox"/> Youth Coalition | <input type="checkbox"/> Work with Parents |
| <input type="checkbox"/> Enforcement and Adjudication of Youth Alcohol Laws | <input type="checkbox"/> Membership Recruitment |
| <input type="checkbox"/> Sustainability | <input type="checkbox"/> Event Organization |
| <input type="checkbox"/> Public Information & Education | <input type="checkbox"/> Fundraising |
| | <input type="checkbox"/> Other _____ |

What resources can you offer? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Time | <input type="checkbox"/> Facility/Space _____ |
| <input type="checkbox"/> Training | <input type="checkbox"/> Food/Treats |
| <input type="checkbox"/> Transportation/Distribution | <input type="checkbox"/> Other _____ |

Reason for Joining: _____

I am interested in helping with:

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

Administrative Use:	
Received: _____	Board: _____
Comments: _____	Accepted: _____
_____	Packet: _____
_____	Anniversary Date: _____