



## Kansas SADD Student Leadership Council APPLICATION FORM 2009

### Instructions

Kansas SADD is accepting applications for the Student Leadership Council. Descriptions of the responsibilities of the Student Leadership Council (SLC) are included in this packet. The KS SLC consists of individuals from across the states that are ready to take their SADD leadership to the state level. Membership numbers vary and are competitive. Please attach a current photo of yourself with your application.

### Eligibility

Application for the Kansas SLC is open to current freshmen, sophomores, juniors, and seniors in high school. All applicants must be students in good academic standing (no lower than a C average overall) and agree to maintain that good standing throughout their tenure on the council. Members of the KS SLC must make every attempt to attend the Kansas SADD State Leadership Council Meetings and the SADD State Leadership Conference and other SADD related events across the state.

### Criteria

Submit a complete application

Be a current freshman, sophomore, junior, or senior in high school

Meet other eligibility criteria listed in the application

Be a positive role model of the "No Use" lifestyle and SADD philosophy of friends caring for friends

Demonstrate commitment by reaching out to peers, friends, and younger students through SADD or other peer support programs.

Demonstrate commitment through involvement in community service, especially projects related to SADD's mission.

Be willing and able to speak publicly about SADD.

Currently exhibits leadership qualities within his/her SADD chapter.

Be able to work collaboratively with all types of people

### Required Items

Application Form

Activities and Accomplishments

Student Questionnaire

Two Letters of Recommendation (one of which must be from the student's current SADD Advisor)

Verification Form signed by the applicant and parent

Signed Contract for Life

Photograph of Applicant

### Term

At this time the Kansas Student Leadership Council serves from the time they are elected until one of the following occur: 1) Council member completes freshman year of college 2) Council member decides it is their time to step down 3) Council member is asked to step down

**All APPLICATIONS MUST BE POSTMARKED BY NOVEMBER 3, 2008.**

**Mail to: Maria Torrez Anderson, SADD State Coordinator  
Kansas Family Partnership  
5942 SW 29<sup>th</sup> St.  
Topeka, KS 66614**

**NOTIFICATION OF SELECTION RESULTS WILL BE BY DECEMBER 8, 2008.**

**\*\*Please note if any application is not complete according to these stipulations, it may be disregarded for consideration. Also be prepared for a phone interview. If an interview is necessary at any point, KANSAS ADD State Coordinator will call to schedule a time that is convenient for everyone.**

# Kansas SADD Student Leadership Council Application

Name: \_\_\_\_\_ Circle one: M or F No. Years in SADD \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
School Name: \_\_\_\_\_ Principal: \_\_\_\_\_  
SADD Advisor: \_\_\_\_\_ Advisor E-mail: \_\_\_\_\_ Advisor Phone: \_\_\_\_\_

## Activities and Accomplishments

List your activities and accomplishments that support your application, including, as appropriate dates of service or award. Please type answers on a separate sheet of paper in paragraph form (no smaller than 12 pt. font) If you have a typewritten resume with comparable information that adequately highlights or explains your qualifications for the KS SLC, you may submit it. Please submit no more than two pages.

- SADD Activities-Dates(s)
- School Activities-Date(s)
- Community Service/Volunteer Work -Date(s)
- Special Awards/Recognitions/Honor-Dates(s)
- Additional information -Dates(s)

## **Student Questionnaire**

Answer these questions briefly and succinctly. Feel free to use examples or anecdotes to illustrate your points. You may attach extra pages or retype these questions on a separate sheet. Make your answers legible. Please use no smaller than 12 pt. font.

What does SADD mean to you?

Comment on the following scenario: The principal at your high school said, "I think SADD chapters should only be open to students who can swear that they do not use alcohol or tobacco."

What does the "No Use" lifestyle mean to you? What are the challenges you have faced incorporating it into your high school life?

Give an example of a community-service project that you have been involved in and tell why you chose it or how it was meaningful to you?

How have you demonstrated leadership in your school or community? Discuss a situation which your leadership was tested and how the problem was resolved.

What do you think is the secret to a successful SADD chapter? Relate this to your own experiences.

Give one idea or initiative that you think Kansas SADD could explore while you are serving on the SLC?

**Kansas SADD Verification Form for  
Student Leadership Council Application**

**2008-2009**

**Applicant Responsibility Statement**

I have read the KS SLC rules and I am prepared to accept the responsibilities.

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

**Applicant Signature**

I certify that I have provided complete and accurate statements on this application.

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

*Your signature certifies the accuracy and completeness of the information provided.*

**Parent/Guardian Signature**

I have read the materials included in the Student Leadership Council application. I understand the commitments and requirements involved, and I will support the applicant in fulfilling the responsibilities to the best of his/her ability. I verify that the information of which I have personal knowledge is complete and accurate.

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

**CHECKLIST**

\_\_\_\_ Application Form with Applicant photo

\_\_\_\_ List of Activities and Accomplishments

\_\_\_\_ Student Questionnaire

\_\_\_\_ Letters of Recommendation

(One of which must be from your current SADD advisor)

\_\_\_\_ Signed Contract for Life

\_\_\_\_ Signed Verification Form

**ALL FORMS MUST BE POSTMARKED NOVEMBER 8, 2008 TO BE CONSIDERED  
NOTIFICATION WILL BE COMPLETED BY DECEMBER 8, 2008**