



IDFY

Idaho Drug Free Youth

Become a Member

JOIN THE CLUB

When teens join a local Chapter of IDFY, they experience the support of a statewide network of other inspired and empowered teens.

DRUG-FREE TESTING

Since the beginning, IDFY members have voluntarily been drug tested as part of their membership, which sets IDFY apart from many other programs. Our policy was designed by students early on as a way of increasing the integrity of the program and establishing a means of accountability. Since the nature of this program is preventative and not punitive, our testing is a process to allow students to outwardly substantiate that they have chosen to be "drug free." Interested students, with their parent or guardian's consent on the Student-Parent Consent Form, must pass a drug test in order to apply for student membership.

MEMBERSHIP BENEFITS

- Membership Card
- Discounts to Idaho businesses
- Member e-Newsletter
- Invites to IDFY Events
- Resume Builder & Scholarship Applications

MEMBERS GET TO

- Serve in Leadership Positions
- Apply for the Youth Advisory Board
- Attend IDFY Events
- Participate in Chapter Activities & Campaigns

SIGN UP FOR MEMBERSHIP

STEP 1: Fill out the Student-Parent Consent Form and return to your Chapter Advisor.

STEP 2: After your initial Drug-Free test, fill out the online Membership Application.

STEP 3: You're in! Receive your official Welcome Packet, including your personalized Membership Card from the state IDFY headquarters.

VISIT www.idahodrugfreeyouth.org

\$5.00 membership fee

Please Fill Out & Return To Your IDFY Advisor

STUDENT-PARENT CONSENT FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ GRADE: _____

E-MAIL: _____

SCHOOL: _____ GRADUATION YEAR: _____

STUDENT PLEDGE

As a member of Idaho Drug Free Youth, I will abide by the principles set forth in the program and will not partake of illegal drugs or alcohol.

Student Signature

Date

Please list all medications (prescription & non-prescription) that you have taken within the last 30 days.

PHOTO & VIDEO RELEASE

I authorize Idaho Drug Free Youth (IDFY) to record and edit into his/her Photograph/Video and related materials my name, likeness, image, voice, interview and performance. IDFY may use and authorize others to use all or parts of the Photograph or Video. Idaho Drug Free Youth shall own all right, title and interest in and to the Video or Photograph, including recordings, to be used and disposed of without limitation.

Student Signature

Parent Signature

Date

PARENTAL CONSENT/RELEASE

We, or I, the parent(s) and managing conservator(s) of _____, give consent to collect and have tested a sample of urine to determine whether or not the child's system shows freedom of drug use. As partial consideration from such testing, I release the IDFY program, law enforcement agencies involved and their political subdivisions from any liability and agree to indemnify and hold harmless these entities from any claim which might be made by virtue of such test and the results thereof. The test will not be given through this program to a student under 18 years of age without the consent of both the student and parent(s) or guardian(s). As the parent/guardian of said child, I will abide by the principles set forth in the IDFY program and will not willingly allow my child or any underage child in my presence to partake of any drugs or alcohol.

Parent/Guardian Signature

Date