

iDFY Youth Advisory Board Recommendation Form

**Application Deadline: July 15th, 2024**

**Applicant's Name** \_\_\_\_\_ **Relationship to Applicant** \_\_\_\_\_

**Your Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

The IDFY Youth Advisory Board consists of high school, drug-free youth leaders in Idaho that will work with community members, business professionals, and other youth across the state in organizing IDFY activities. It is important to have youth on the board that are drug and alcohol free, excel in a leadership role in their school or community, and are actively involved in substance use prevention efforts. Please provide us with feedback about the applicant.

**What strengths does the applicant possess?** \_\_\_\_\_

\_\_\_\_\_

**What one quality does this applicant possess that makes them stand out as a leader among their peers?** \_\_\_\_\_

\_\_\_\_\_

**What are some of the qualities that you have observed that the applicant displays in positions of leadership?**

\_\_\_\_\_

\_\_\_\_\_

**Describe the applicant's ability to work with other youth and adults:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you recommend this applicant to be a leader on the IDFY Youth Advisory Board?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to complete this recommendation.

Questions? Please call (208) 643-8180 or email [hello@idfy.org](mailto:hello@idfy.org)

Please mail the completed form by **July 15th, 2024** to IDAHO DRUG FREE YOUTH, **2028 E Best Ave, Coeur D'Alene ID 83814** or via email to [hello@idfy.org](mailto:hello@idfy.org).

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