



Youth Vision Ambassador Application Packet

DUE: July 15th

Youth Vision Ambassadors

Are you a mover, dreamer, or doer who wants to help lead your peers toward healthier, more positive choices? The **Youth Vision Ambassador (YVA) group** might be the perfect fit for you.

Youth Vision Ambassadors are high school students who serve as youth representatives for **Idaho Drug Free Youth (iDFY)**. These students take on a meaningful role in shaping programs, promoting prevention, and being a strong voice for youth across the state. YVAs are expected to lead by example—committed to a lifestyle free of alcohol, tobacco, and other drugs.

During their one-year term, Youth Vision Ambassadors work closely with iDFY staff and other student leaders to give input on statewide programs, including:

- iDFY Chapters
- Youth Vision Campaigns
- Idaho Youth Summit

Ambassadors are selected from a competitive pool of applicants based on their leadership potential, passion for prevention, and ability to collaborate with both peers and adults. Each member commits approximately **5–10 hours per month** to the group. Responsibilities include participating in virtual meetings, helping with campaign efforts, and contributing to the planning of **Idaho Youth Summit**.

Requirements:

- Must be an Idaho student entering **10th, 11th, or 12th grade**
- Must commit to a drug-, alcohol-, and tobacco-free lifestyle
- Must participate regularly in virtual meetings and projects

Application Instructions:

Deadline: July 15, 2025

Email: Send completed materials to hello@idfy.org

Mail: Or mail them to 2028 E Best Ave, Coeur d'Alene, ID 83814

Application Materials:

- Applicant Information Forms (3 pages)
- Parental & Youth Consent Form (1 page)
- Two Recommendation Forms (2 pages)
- Interview (scheduled after receipt of all forms)

Youth Vision Ambassador Application

DUE: July 15th

Name: _____ Age: _____

Gender: Male Female

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ School: _____

Facebook URL: _____

Instagram URL: _____

Twitter (X) URL: _____

Please circle the district number and county you live in.

District Number	
1	Boundary, Bonner, Kootenai, Benewah, Shoshone
2	Latah, Clearwater, Nez Perce, Lewis, Idaho
3	Adams, Washington, Payette, Gem, Canyon, Owyhee
4	Valley, Boise, Ada, Elmore
5	Camas, Blaine, Gooding, Lincoln, Jerome, Twin Falls, Cassia, Minidoka
6	Butte, Bingham, Power, Bannock, Oneida, Franklin, Bear Lake, Caribou
7	Lemhi, Custer, Clark, Jefferson, Fremont, Madison, Teton, Bonneville

Grade you will be in during the 2025-2026 school year: 10th 11th 12th GPA: _____

Have You Attended the Idaho Youth Summit? If yes, what year(s)?

1. List your extracurricular and volunteer activities: _____

2. List three (3) specific skills you would bring as a Youth Vision Ambassador?

3. Check **one** that describes you best:
People appreciate you because you are:

- Accurate and detailed
- Creative and outgoing
- Caring and sensitive to others' needs
- Committed and get things done

4. If you were a mad scientist, what would your greatest invention or accomplishment be?

5. What experiences have you had that have influenced your decision to remain alcohol, tobacco, and drug free?

6. Describe a time you demonstrated leadership in a group of peers.

7. What does **advocacy** mean to you?

8. What is your experience working with a team? What was your role?

9. What is your biggest weakness? What do you do to overcome that?

10. What is your biggest dream? What are you doing today to achieve that dream?



BY IDAHO DRUG FREE YOUTH

Parent & Youth Consent Form

Your son/daughter has applied to be an IDFY Youth Vision Ambassador for the 2025-2026 school year. Receiving input from the youth that represent our state is vital to the growth and advancement of Idaho Drug Free Youth. We have opened the application process to all youth who are committed to leading an alcohol and drug-free lifestyle and who will be in grades 10, 11, or 12 during the 2025-2026 school year.

We acknowledge the commitment that will be required of the applicants. To show you are willing to support your child in his/her desire to be an ambassador, we ask that you sign below to acknowledge your consent.

YOUTH RESPONSIBILITIES CONSENT

I, if elected as a Youth Vision Ambassador, will agree to: (Please initial.)

- _____ Be present on group and individual conference calls. Frequency will vary throughout the year.
- _____ Take part in on-going online correspondence through email, text, etc.
- _____ Promote IDFY within your community.
- _____ Remain alcohol, tobacco, and drug free.
- _____ Attend the YVA Retreat (date/location TBD)

I, if elected as a Youth Vision Ambassador, will agree to follow through with my responsibilities as a group member during my one-year term (August 1, 2025 to June 1, 2026). If I fail to meet my responsibilities, I agree to maintain the integrity of the IDFY Youth Vision Ambassador program by agreeing to terminate my position with the group. I would also hold the sponsoring agencies, their funding sources, staff or successors-in-interest harmless from liability due to any accident or injury to myself during an IDFY Youth Vision Ambassador meeting or event.

Applicant Signature **X** _____ DATE _____

I have read and understand the above letter and the responsibilities of a member of the IDFY Youth Vision Ambassador program. I provide my consent and support of my child's decision to apply for a position with the IDFY Youth Vision Ambassador program.

Parent/Guardian Signature **X** _____ Date _____

Youth Vision Ambassador

Photo Release

I give Idaho Drug Free Youth permission to publish in print, electronic, or video format the image of my child. I release all claims against the Idaho Drug Free Youth with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Parent/Guardian Signature **X** _____ Date _____



BY IDAHO DRUG FREE YOUTH

IDFY Youth Vision Ambassador Recommendation Form

Application Deadline: July 15th

Applicant's Name _____ **Relationship to Applicant** _____

Your Name _____

Phone _____ **E-Mail** _____

How long have you known the applicant? _____

The IDFY Youth Vision Ambassador Program 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 Youth Vision Ambassador?

Thank you for taking the time to complete this recommendation.

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

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



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Phone E-Mail
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