

A step in the right direction
YOUTH WITH VISION

STUDENT APPLICATION

1. Complete this application, answering all questions and providing all requested information.
2. Have your school/community sponsor complete and mail the section provided for them.
3. Have your parents or guardians complete the section provided for them and return it with your application.
4. Send the application and the additional pages you use in answering the questions to:
Tri-County Mental Health Services, Inc.
Attention: Elise Bennett
3100 NE 83rd Street, Suite 1001
Kansas City, MO 64119

Please return application as soon as possible! Once your application is received, you will be contacted regarding membership. Please type or print legibly.

Name: _____

Mailing Address: _____
(Street)

(City) (State) (Zip)

Phone: _____ Email: _____

High School: _____ Current Grade _____

Date of Birth: _____

STUDENT COMMITMENT:

If selected, I agree to lead a drug free lifestyle and attend 70% of all mandatory Youth With Vision events including monthly meetings.

Signed: _____ Date: _____

On a separate sheet(s) of paper answer the following questions:

1. List five (5) adjectives that describe you.
2. Describe why you have chosen to be involved in substance abuse prevention.
3. List the substance abuse prevention-based events, activities and opportunities that you are involved in. Include both school and community activities.
4. How will you use what you gain from Vision in your community?
5. List the extra-curricular events, activities and opportunities that you are involved in. Include both school and community activities.
6. Describe your leadership skills and give examples of how you have utilized these skills in your prevention efforts.
7. What do you hope to contribute to Youth With Vision?
8. What Goals will you accomplish by being active in Youth With Vision?