



SADD NATIONAL
Student of the Year &
Student Leadership Council
PA SADD STUDENT OF THE YEAR
2010-2011 Term

TO: SADD Advisors/Sponsors/Students

FROM: Felicity DeBacco-Erni
PA State SADD Coordinator

DATE: December 2009

RE: 2010-2011 SADD Student of the Year

Each year SADD National selects a SADD National Student of the Year and members for the Student Leadership Council. You may download (<http://padui.org/SADD/pasadd.html>) the information for submitting SADD students for these high honors. This year the Pennsylvania SADD student of the year will be chosen from applications received for the SADD National Student of the Year and the Student Leadership Council. Enclosed is the information including the criteria, guidelines and nomination form for the 2010-2011 PA SADD Student of the Year, SADD National Student of the Year and the Student Leadership Council.

All nominees should thoroughly read the requirements and responsibilities of the Student of the Year and Student Leadership Council. A few of the responsibilities include: Membership on the SLC, including the Student of the Year, must be able to travel unattended by airplane. They must be prepared to meet all of the obligations set out in the SADD Student Leadership Council Roles and Responsibilities, including specifically, attendance at both the 2010 and 2011 SADD National Conferences, and Pennsylvania State Conferences, and other state responsibilities as designated. Please note that all rules, laws and contracts signed for SADD National apply to PA SADD.

When you submit an application, please mail the SADD Student of the Year nominations back to 2413 North Front Street, Harrisburg, PA 17110. All nominations must be received at the PA SADD Office no later than **February 4, 2010**. A committee has been designed by the PA SADD office to choose the official PA SADD student of the year, and nominees for Student Leadership Council. Applications will be submitted to the SADD National office on the selected student's behalf.

The 2010-2011 Pennsylvania SADD Student of the Year will receive recognition of their accomplishments, as well as representing the state in the National SADD Student Leadership Council competition.

Please be sure to review the checklist to make sure that all components are in the nomination, so that the applicant is not disqualified.

If you have any questions or concerns, please contact me at (717) 238-4354 or fdebacco@padui.org.



SLC only
SLC / SOY

APPLICATION

(Electronic applications are preferred.)

Name: _____

Gender: _____

Address: _____

DOB: _____

Age: _____

Current Grade: _____

E-Mail Address: _____

Number of Years in SADD: _____

Parent or Guardian Name: _____

Home Phone: _____

Home Fax: _____

School Name: _____

School Address: _____

School Phone: _____

School Fax: _____

SADD Advisor: _____

Principal: _____

Advisor Phone: _____

Advisor E-Mail: _____

Have you attended a SADD National Conference? _____ Dates: _____

Your answer to this question will not affect your eligibility for the SLC.

**Insert a color, high quality
picture of yourself here.**

***SADD National recommends that you submit your application electronically. You may request an electronic version of this application from your State Coordinator or from SADD National.**



ACTIVITIES AND ACCOMPLISHMENTS

List your activities and accomplishments that support your application, including, as appropriate, dates of service or award. If you have a typewritten resumé with comparable information that adequately highlights or explains your qualifications for the SLC, you may submit it in place of this form. Please submit no more than two pages and be sure to include information on the following with specific dates.

- **SADD Activities**
- **School Activities**
- **Community Service**
- **Volunteer Work**
- **Special Awards and Recognitions/Honors**
- **Other**

STUDENT QUESTIONNAIRE

Answer the following 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. If handwritten, make sure your answers are legible.

1. What does SADD mean to you?
2. **Choose one of the two following scenarios for comment.**
The principal at your high school said, "I think SADD chapters should be open only to students who can swear that they do not use alcohol or tobacco." Please comment.
- or -
You have befriended a new student at your school who seems interesting and nice, and you have invited her to attend the next SADD chapter meeting. Your new friend tells you that she's heard that SADD is not "cool" and if she goes to a meeting, she'll be labeled as a snitch and never invited to any parties. She's scared to start out a new school with that reputation. What do you say to her?
3. What does the "No Use" lifestyle mean to you? What are the challenges you have faced incorporating it into your high school life?
4. Give an example of a community-service project that you created or in which you were involved, and tell why you chose it or how it was meaningful to you.
5. How have you demonstrated leadership in your school or community? Discuss a situation in which your leadership was tested and tell how the problem was resolved.
6. What do you think is the secret to a successful SADD chapter? Be specific. Relate this advice to your own experience with SADD.
7. How would you explain the value of SADD to school administrators to convince them to support a SADD chapter at their school?
8. Give one idea or initiative that you think SADD National might explore while you are on the SLC.



CONTRACT FOR LIFE

A Foundation for Trust and Caring

This contract is designed to facilitate communication between young people and their parents about potentially destructive decisions related to alcohol, drugs, peer pressure, and behavior. The issues facing young people today are often too difficult to address alone. SADD believes that effective parent-child communication is critically important in helping young adults make healthy decisions.

Young Person

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, safety, and overall well-being or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain alcohol- and drug-free, I agree that I will never drive under the influence of either or accept a ride from someone who is impaired, and I pledge to always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to us both.

YOUNG PERSON

Please check one: Yes No Date: _____

Parent (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussion about that situation until a time when we can both discuss the issues in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.

PARENT/CARING ADULT

Please check one: Yes No Date: _____



SADD NATIONAL VERIFICATION FORM STUDENT OF THE YEAR/STUDENT LEADERSHIP COUNCIL

2010-2011 Term

***Note:** Checking yes or no below serves in the same capacity as your personal signature; please answer honestly. This, of course, requires the applicant to collaborate candidly with his/her parent or guardian and his/her SADD chapter advisor. If the application found to be falsely signed, the nominee will be disqualified.

Applicant Responsibility Statement

I have read the enclosed description of the SLC Roles and Responsibilities, and I am prepared to accept the responsibilities.

Please check one: Yes No Date: _____

Applicant Signature

I certify that I have provided complete and accurate statements on this application. I understand that all documents submitted in support of this application become the property of SADD, Inc. I understand the requirements of the Student Leadership Council and/or the Student of the Year, and I am confident in my ability to productively serve if selected.

Please check one: Yes No Date: _____

Checking "yes" certifies the accuracy and completeness of the information provided.

Parent/Guardian Signature

I have read the materials included in the Student Leadership Council and/or Student of the Year 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.

Please check one: Yes No Date: _____

SADD Advisor Signature

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

Please check one: Yes No Date: _____



CHECKLIST

Each complete application must include the following items. Failure to include any of these items will result in disqualification of the applicant. Additional materials will not be reviewed. We strongly suggest that you submit your application electronically.

- | | |
|---|--------------------------|
| Application Form | <input type="checkbox"/> |
| School Picture (color photographs only) | <input type="checkbox"/> |
| List of Activities and Accomplishments (maximum 2 pages) | <input type="checkbox"/> |
| Student Questionnaire | <input type="checkbox"/> |
| Letters of Support (choose only three) | |
| Letter from SADD Advisor (required) | <input type="checkbox"/> |
| Letter from School Representative
(e.g., principal, guidance counselor, teacher, etc.) | <input type="checkbox"/> |
| Letter from State Coordinator | <input type="checkbox"/> |
| Letter from Community Representative | <input type="checkbox"/> |
| Other Letter (letters from parents will not be accepted) | <input type="checkbox"/> |
| Contract for Life | <input type="checkbox"/> |
| Verification Form | <input type="checkbox"/> |
| Digital Video or CD-ROM/DVD (Student of the Year only) | <input type="checkbox"/> |

Proposed Timetable

December 2009	Application materials available
February 12, 2010	Application received due date
March 2010	First-round review complete
April 2010	Interviews with SOY finalists complete
March 2010	Announcement of new Student of the Year and SLC
July 2010	New term begins