



Young Professionals Advisory Board Application Packet (2023)

Chair Emeritus

Ambassador Mel Sembler

Chair Emerita

Betty S. Sembler (1931-2022)

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David G. Evans, Esq.

David A. Gross, M.D., FAPA

Eric Voth, M.D., FACP

Executive Director

Amy Ronshausen

About Drug Free America Foundation, Inc.

Drug Free America Foundation, Inc. (DFAF) is a drug prevention and policy organization committed to developing strategies that prevent drug use and promote sustained recovery. Our vision is a world where all people live free of the burden of drug abuse. DFAF is a Non-Governmental Organization (NGO) in Special Consultative Status with the Economic and Social Council of the United Nations. Please visit our website www.dfaf.org to learn more.

About the Young Professionals Advisory Board

The Young Professionals Advisory Board is led by youth for youth! Drug Free America Foundation is looking for energetic youth that are passionate about preventing substance use to keep our youth, families, and communities safe and healthy.

Benefits

As a Member, you have a unique opportunity to have a voice in a critical global public health issue and make a difference in promoting healthy behaviors and preventing substance use through education and influencing policy and change. This is an excellent opportunity to develop and enhance a variety of skills such as leadership, problem-solving, research, public speaking, collaboration, and advocacy as well as gain experience and community service project hours for both college and job applications. Further benefits include developing valuable relationships with others who may have a shared experience and access direct-to-teen marijuana training through Johnny's Ambassadors.

Objectives

Active participation in various activities including planning and development of social media content, resources, and projects for youth aimed to promote healthy behaviors, prevent substance use, and promote recovery as well as attending and presenting at events.

Eligibility

Youth ages 18 to 25 are invited to apply. Members will commit to serving a one-year term and adopt the One Choice health goal which is no use of any alcohol, nicotine, marijuana, or other drugs under the age of 21 for their health. Learn more about One Choice at www.onechoiceprevention.org.

Application Process

Complete the New Member Application and submit with your letter of recommendation and essay (refer to application for details) to Chantel Lincoln at clincoln@dfaf.org.

Thank you for your interest in becoming a Young Professionals Advisory Board Member at Drug Free America Foundation! If you have any questions, please contact Chantel Lincoln at clincoln@dfaf.org or 727.828.0211 ext. 4.

333 3rd Avenue N. Suite 200 • St. Petersburg, FL 33701
Phone: 727-828-0211 • www.dfaf.org



Young Professionals Advisory Board New Member Application

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David A. Gross, M.D., FAPA
Eric Voth, M.D., FACP

Executive Director
Amy Ronshausen

PERSONAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

BIRTH DATE: _____ AGE ON AUG 1ST: _____

PARENT NAME: _____

PHONE: _____ EMAIL: _____

EDUCATION

HIGH SCHOOL: _____

DID YOU GRADUATE AND
YEAR OF GRADUATION: _____ GPA: _____

COLLEGE: _____

DID YOU GRADUATE AND
WHAT IS YOUR DEGREE: _____

MAJOR: _____ GPA: _____

ADDITIONAL INFORMATION

PLEASE LIST ANY LEADERSHIP ACTIVITIES YOU HAVE PARTICIPATED IN (CLUBS, BOARDS, GROUPS, ETC.):

PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES YOU ARE INVOLVED IN (SPORTS, ETC.):

ARE YOU CURRENTLY WORKING? IF YES, LIST YOUR EMPLOYER, POSITION, AND RESPONSIBILITIES:

333 3rd Avenue N. Suite 200 • St. Petersburg, FL 33701
Phone: 727-828-0211 • www.dfaf.org

In Special Consultative Status with the Economic and Social Council of the United Nations



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WHAT MAKES YOU UNIQUE (LIST YOUR ACCOMPLISHMENTS, AWARDS, EXPERIENCES, HOBBIES, ETC): _____

DESCRIBE YOUR INTERESTS AND GOALS: _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE: _____

HOW DID YOU HEAR ABOUT THE YOUTH ADVISORY BOARD: _____

CAN YOU COMMIT TO A ONE YEAR TERM AND IS THERE ANYTHING THAT CONFLICTS WITH PARTICIPATION:

ON A SEPARATE PAGE, PLEASE TYPE AN ESSAY ON WHY YOU WOULD LIKE TO JOIN THE YOUNG PROFESSIONALS ADVISORY BOARD.

References

Please list two references and include one letter of reference from someone other than a relative.

NAME: _____ RELATIONSHIP: _____

EMAIL: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____

EMAIL: _____ PHONE: _____

Thank you for applying!
Please complete the application in full and return along with the letter of reference to:
Chantel Lincoln
clincoln@dfaf.org