



Application

You must complete and return this application along with the signed constitution agreement and three (3) teacher recommendation forms (included). You may include additional pages if you need more room to answer the questions below.

Full Name _____ Advisor Name _____
Academic Program of Study _____ Grade _____ Year of Graduation _____

Contact Information

Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Cell # _____

Please indicate your GPA (for your most recently completed academic year): _____

Have you ever been a S.A.D.D. member before? Yes _____ No _____ In what grade(s) _____

Have you ever taken, sold, or been affiliated with the sell or use of illegal substances? Yes _____ No _____

Why are you interested in becoming a S.A.D.D. member?

What do you consider are your strengths?

Weaknesses?

How do you see these traits helping you as a S.A.D.D. member?

Why do you think you would make a good S.A.D.D. member?

List the contributions you feel you will make as a S.A.D.D. member.

Student Signature _____ Date _____

Parent Signature _____ Date _____

CHECK LIST FOR SADD APPLICATION

- Application
- Signed Constitution Agreement (on back)
- 3 Teacher Recommendations

PLEASE RETURN ALL FORMS TO:

G.W. Carver High School
Guidance & Counseling Department
3100 Eighth Street
Columbus, GA 31906





SADD Constitution Agreement

Read, sign and return along with SADD application and 3 Recommendations

PREAMBLE:

Given the power and potential of student activism, service, and leadership, we hereby join the George Washington Carver High School SADD Chapter Network. We pledge to end the tragedies resulting from underage drinking, alcohol-related crashes, and other destructive decisions, and to create positive change in our lives.

ARTICLE I:

NAME

This organization shall be known as G. W. Carver High School SADD, Students Against Destructive Decisions/Students Against Driving Drunk.

ARTICLE II:

PURPOSE

SADD, Students Against Destructive Decisions, is a school-based organization dedicated to addressing the issues of underage drinking, impaired driving, drug use, and other destructive decisions and killers of young people. SADD's mission is to provide students with the best prevention and intervention tools possible to deal with the serious issues young adults are facing today. Empowerment is SADD's basic principle. The idea of empowerment is to build students' confidence and ability to create changes and manage behavior in a way that results in healthy life choices. SADD promotes a message of "No Use" of alcohol or drugs and encourages students not to participate in activities with destructive consequences. SADD offers life lessons that will lead members well into the 21st century.

ARTICLE III:

Membership is open to all students who accept these goals:

- To end underage drinking, drinking and driving, drug use and other destructive behavior;
- To refuse to ride with a driver who has been drinking or using drugs;
- To help others do the same.
- To conduct oneself in a positive light and honor a positive code of conduct
- To maintain a good academic and discipline record

ARTICLE IV:

A local chapter is considered part of SADD if it supports this constitution.

Date _____

I _____ pledge to up hold all standards of SADD and agree to represent the organization in a positive light at all times. I also understand that any representation of the SADD organization in a negative light will result in disciplinary action including removal from the organization.

Student Signature _____

George Washington Carver High School



Teacher Recommendation Form

To be completed by Applicant:

Name _____ Advisor Name _____

Career Pathway _____ Grade _____ Year of Graduation _____

Officials of the G.W. Carver High School Students Against Destructive Decisions Program shall hold the recommendation being requested in confidence.

I hereby waive any rights to examine it. I do not wish to waive my rights to examine it

Applicants Signature _____ Date _____

Recommender _____ Title _____

How long and in what capacity have you known the applicant? _____

How do you feel the applicant rates in the following categories?

A = Always O = Often S = Sometimes N = Never

- | | | | | |
|--|---|---|---|---|
| 1. Student is trustworthy | A | O | S | N |
| 2. Student is approachable | A | O | S | N |
| 3. Student is dependable | A | O | S | N |
| 4. Student is a positive influence at CHS | A | O | S | N |
| 5. Student is compassionate toward others | A | O | S | N |
| 6. Student is flexible | A | O | S | N |
| 7. Student can accept and give criticism | A | O | S | N |
| 8. Student has leadership potential | A | O | S | N |
| 9. Student would be an excellent working with peers | A | O | S | N |
| 10. Student would be overloading self and schedule if accepted (circle one choice) | | | | |
| a. No, they will have enough time | | | | |
| b. Yes, they will be busy but can handle the responsibility | | | | |
| c. Yes, they already have too many other commitments | | | | |

Additional Comments: _____

Recommender's Signature _____ Date _____

Please mail or FAX the records to:

George Washington Carver High School
Guidance & Counseling Department
3100 Eighth Street
Columbus, GA 31906-3397
Telephone: (706) 748-4005
FAX: (706) 748-4107

George Washington Carver High School



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