

# SAN DIEGUITO ALLIANCE FOR DRUG FREE YOUTH

## DEL MAR, RANCHO SANTA FE, SOLANA BEACH STUDY BUDDY PROGRAMS -SPRING 2010

**Check any** of the STUDY BUDDY programs and **any of the days** in which you are interested. Due to the number of applications received for Carmel Creek, Solana Highlands and Solana Pacific, if you choose any of those schools, you may be asked to switch school sites. Therefore, please consider being a STUDY BUDDY at the elementary school in your neighborhood. (See Map)

<input type="checkbox"/> <u>Ashley Falls</u> Tuesday 2:45 - 3:45	<input type="checkbox"/> <u>Ocean Air**</u> Tuesday 2:55 - 4:00	<input type="checkbox"/> <u>Sycamore Ridge</u> Thursday 2:45 - 3:45	<input type="checkbox"/> <u>Carmel Creek</u> Tuesday 2:45 - 3:45	<input type="checkbox"/> <u>Solana Highlands</u> Tuesday 2:45 - 3:45	<input type="checkbox"/> <u>Solana Santa Fe**</u> Monday 3:00 - 4:00
<input type="checkbox"/> <u>Carmel Del Mar</u> Monday 2:55 - 4:00	<input type="checkbox"/> <u>Sage Canyon**</u> Thursday 2:45 - 4:00	<input type="checkbox"/> <u>Rancho Santa Fe**</u> Tuesday 3:00 - 4:00	<input type="checkbox"/> <u>Skyline**</u> Monday 3:00 - 4:00	<input type="checkbox"/> <u>Solana Pacific</u> Thursday 3:00 - 4:00	<input type="checkbox"/> <u>Solana Vista**</u> Tuesday 3:00 - 4:00

**I AM WILLING TO GO TO ANY SCHOOL ON ANY DAY. CALL ME TO LET ME KNOW WHERE I CAN BE A STUDY BUDDY.**

\*\*Additional community service hours will be given for travel time to these 6 schools.

NAME (Please print in **DARK INK ONLY**) \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL/ALTERNATE PHONE \_\_\_\_\_

ADDRESS (including **city and zip code**) \_\_\_\_\_ E MAIL ADDRESS \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ CLASS OF 2010, 2011, 2012, 2013 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

Have you as a TEEN participated in San Dieguito Alliance's STUDY BUDDY Program? Yes\_\_\_No\_\_\_ School\_\_\_\_\_

Do you prefer your Buddy to be Boy\_\_\_\_\_ Girl\_\_\_\_\_ Grades 1,2,3,4 \_\_\_\_\_ Grades 5,6 \_\_\_\_\_ No Preference\_\_\_\_\_

Do you speak a second language? Yes\_\_\_\_\_ No\_\_\_\_\_ If so, which one\_\_\_\_\_

What are your favorite school subjects, sports and other interests? Mention any experience working with children.

### WITHOUT THE 3 REQUIRED SIGNATURES, APPLICATIONS WILL BE RETURNED TO YOU.

By signing, I am committed to

- model an alcohol, tobacco and other drug free lifestyle
- exemplify a positive role model for children
- demonstrate respect for academic scholarship
- attend the **mandatory orientation and ALL sessions** of the STUDY BUDDY Program

\_\_\_\_\_ (Student signature)

By signing, I recognize my teen's participation in this program and their pledge to be alcohol, tobacco and other drug free.

\_\_\_\_\_ (Parent signature) \_\_\_\_\_ (Phone)

By signing, I recommend this student for the STUDY BUDDY Program.

\_\_\_\_\_ (Counselor or Teacher signature) \_\_\_\_\_ (Print Name)

**APPLICATION DEADLINE: FRIDAY, FEBRUARY 19, 2010**

DROP at Torrey Pines High School Counselor's Office or

FAX to San Dieguito Alliance, (760) 943- 1165

**QUESTIONS** Diane Grace, STUDY BUDDY Program Director, (760) 943- 1164 or SDAlliance4@aol.com DL