



To create a safe, healthy and substance abuse-free community through public and private collaborations that link youth, young adults, families and neighborhoods to public awareness, advocacy, education and healthy solutions.

Membership Form (Youth)

Date: _____ School: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ Fax Number: _____

Cellular Number: _____ E-mail: _____

What does it take to get involved to become a steward and guardian of the Pinellas Prevention System?

_____ Be **AWARE**: (1-2 hours monthly): Sign-up for the coalition mailing list to receive prevention updates, eNews, community event flyers from membership, Be the Wall activities, etc.

_____ Be **PARTICIPATORY**: (5 hours monthly): Join a LiveFree! Work Group, participate in a certain events or donate your skills

_____ Be **INVOLVED** (10 hours monthly): Join the LiveFree! Board, Work Groups and any of the following activities:

_____ The Speakers Bureau

_____ A LiveFree! Youth Club

_____ The Prescription Drug Task Force

_____ Pledge your support and participation to the Be the Wall Campaign

The following information is for statistical purposes only and is **optional**:

Age: _____ Gender: _____ Male _____ Female

Race: _____

Return Application to: **LiveFree!**
c/o Operation PAR, Inc.
6655 66th Street North
Pinellas Park, FL 33781

