

TDAC

Prevention Specialist Application

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ DOB: _____

Driver's License #: _____ Social Sec #: _____

Email Address: _____

Employer: _____ Title: _____

Length of employment: _____ Supervisor's name: _____

Have you ever been convicted of a crime? Yes _____ No _____

If "Yes", please explain:

Do you object to having a background check? Yes _____ No _____

Personal Information

Do you currently use alcohol, tobacco or any other form of drugs ? Yes__ No __

Why do you want to become a prevention specialist ?

Do you or a family member have a history with drugs, alcohol or tobacco? Yes __ No __

If Yes, Please explain:

Do you have any previous experience volunteering or working with youth? Yes__ No__

If Yes, Please explain:

Which church do you attend? _____

Please describe your relationship with the Lord:

References

Please list the names, addresses and phone numbers of four people you would like to use as character references. (list only people you have known for at least 5 years)

Pastor: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Please read this carefully before signing:

I attest to the truthfulness of all information submitted on this application and authorize Tennessee Drug Awareness Council (TDAC) to conduct a criminal background check.

I further agree to indemnify and save harmless TDAC, it's officers, sponsors and agents from and against all loss or expense (including attorneys fees) by reason of liability imposed by law upon TDAC for damages due to injury arising out of performance of any TDAC activity or program.

(signature)

(date)