

# YOUNG SPEAKER

## Application Form

I would like to enroll in the Young Speaker Program:

Name:	
School:	
Home Address:	
Home Phone:	
Student Cell Phone (If Available):	
E-Mail:	
Age:	
Grade:	
Are you interested in preparing a presentation (approximately 20-30 minutes) about SADD/Impaired Driving?	
Are you interested in submitting a written outline of your presentation to the SADD Provincial Office?	
Do you have a valid drivers license and access to a vehicle?	

SADD Saskatchewan appreciates your interest in helping us share an important message about drinking and driving to your peers through the Young Speaker Program.

We recognize school must remain a priority for you and we will be considerate of this during your time with our program.

Because your involvement with the Young Speaker Program will require some of your attention, we would also like you parents/guardians and a teacher to approve of your involvement.

We would be pleased to answer any questions you may have.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Printed Name

**Please return this form to  
SADD Saskatchewan / 1870 Lorne Street / Regina, SK / S4P 2L7 /  
Fax: 306.757.5569**