



A Sobering Choice is a community-based youth and adult led coalition dedicated to reducing the incidents of driving under the influence of alcohol and other drugs among the youth and adults of Shasta County.

**MEMBERSHIP APPLICATION FORM - A Sobering Choice (ASC) Volunteer
Please Print Legibly**

NAME: _____ County: _____

ADDRESS: _____ City/State _____ Zip _____

TELEPHONE: HOME: _____ WORK: _____

EMAIL ADDRESS: _____ CELL PHONE _____

Do you or any member of your family benefit in any way financially from ASC? Yes ___ No ___

1. Please check which ASC program you would like to volunteer for (check all that apply).

- Media Campaign
 Victim Impact Panel (VIP)
 Program Planning
 Fund Raising
 Events
 Youth Victim Impact Panel (VIP)
 Underage Drinking Program
 Marijuana Ordinances
 Prescription Drug Disposal

2. CURRENT EMPLOYER/SCHOOL: _____

3. WHAT IS YOUR PERSONAL PHILOSOPHY REGARDING ALCOHOL/DRUG USE/ABUSE?

4. HOW CAN YOU CONTRIBUTE TO ASC AND THE COMMUNITY? (SKILLS YOU BRING TO ASC)

I am willing to commit the time and energy required to participate on the
ASC coalition and to carry out the ASC mission.

Applicant

Date