

Application Form to Become A

Drug Prevention Officer.

Name: (BLOCK CAPITALS) _____

Address: _____

Home Tel No: _____

Mobile Tel No: _____

Date Of Birth: _____

Name of School: _____

Class: _____

Do you suffer from any medical conditions? If yes specify: Yes ☐ No ☐

Declaration: - I hereby apply to become a member of the Naas Drug Prevention Officers. I declare that all of the information given on this form is correct in every detail and that if accepted as an officer I will be bound to the rules and regulations of the group. I also understand that if I am accepted I will be a Drug Prevention Officer and that I may be dismissed of my duties without notice at any time.

Signed: (Ordinary Signature) _____

Section B

Certificate Of Identity and Date of Birth.

A Teacher or School Secretary must complete this section.

I declare that I know the above applicant personally and that the particulars given are correct.

Signed: _____

Status: _____

Date: _____