

# Hawaii National Guard Counterdrug Support Program DDR Support Request Form

Today's Date:

Requesting Organization/Agency:

Point of Contact:

Phone Number:

Ext:

Mailing Address:

Email:

Type of Drug Demand Reduction Support (*select only **ONE***). *If requesting for more than one type of support, please use separate forms for each additional request.*

ROPES (4 - 8 sessions)

Drug Prevention & Awareness Education (1 – 8 sessions)

Stay on Track (12 sessions)

Parenting (L.S. Jr., L.S. Sr., & Common Sense Parenting)

Information Booth

Static Display

Dates Requesting for:

Total number of sessions:

Time (*provide block time*):

Physical Location (*include address, bldg number/classroom, etc.*):

\_\_\_\_\_

Type of audience (age group or grade level): \_\_\_\_\_

Any Special Needs:

\_\_\_\_\_

\_\_\_\_\_

Total number of Audience: \_\_\_\_\_

---

### **Staff Use Only**

Completed by: \_\_\_\_\_

Support

Unsupported, Reason: \_\_\_\_\_

Staff Assigned to Mission: \_\_\_\_\_

# Hawaii National Guard Counterdrug Support Agreement between Community-Based Organizations

**Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ I understand that adult supervision (teacher, aide, counselor, etc.) will be physically present all times, while the National Guard Counterdrug staff is facilitating lessons/activities.

\_\_\_ I understand that my audience (students, adults, teachers, etc.) will dress appropriately for activity/lesson. Should individuals not be in appropriate attire for activity/lesson, those individuals may be asked to sit-out for safety reasons.

\_\_\_ I understand that my organization will provide adequate space and media equipment for the type of support requesting. At a minimum, my organization will provide a classroom or courtyard, pencils/pens, dry erase board or flip charts with markers.

\_\_\_ My organization is covered through parental agreement, which I have on file and I give consent to the Hawaii National Guard Counterdrug Support Program to take media clips of DDR Prevention and Teambuilding activities/lessons conducted by the National Guard staff, which may be used in articles, ads, and websites.

\_\_\_ My organization does not consent to allow the Hawaii National Guard Counterdrug Support Program to take media clips of DDR Prevention and Teambuilding activities/lessons conducted by the National Guard staff, which may be used in articles, ads, and websites.

_____	_____	_____
Print Name of Requester	Signature	Date

_____	_____	_____
Print Name of Principal	Signature	Date
	<i>(Required for Public or Charter School only)</i>	