

# Falcon Smart Application

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM TEACHER \_\_\_\_\_  
TEAM \_\_\_\_\_ PHONE \_\_\_\_\_

Please answer the following questions in the space provided.

1. WHY DO YOU WANT TO BE A FALCON SMART MEMBER?

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2. HOW WILL REMAINING ATOD (alcohol, tobacco and other drugs) FREE HELP YOU DURING MIDDLE SCHOOL?

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3. WHAT SKILLS OR PERSONAL TRAITS CAN YOU SHARE WITH THE FALCON SMART ORGANIZATION?

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ARE YOU INTERESTED IN AN OFFICER POSITION FOR NEXT SEMESTER?

☐ PRESIDENT   ☐ VICE PRESIDENT   ☐ SECRETARY   ☐ TREASURER  
☐ TEAM REPRESENTATIVE

**FALCON SMART CONTRACT** - *(Please read a Falcon Smart brochure before signing. You may pick one up at the office if you have not yet received one)*

I have read through the requirements to be a Falcon SMART member and I have read through the conduct policy. I am committed to being ATOD free during this school year and summer as well. I also understand that being a member of Falcon SMART requires more than just being ATOD free; I intend to attend most monthly meetings and participate in several Falcon SMART events.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETURN APPLICATIONS TO THE FRONT OFFICE BY 2:30 PM ON SEPTEMBER 15, 2022.