NCADD | YOUTH ADVISORY BOARD

YOUTH APPLICATION 2025

Impact Starts Here!

JOIN US!

NCADD | YOUTH ADVISORY BOARD

When you volunteer with the National Council on Alcoholism and Drug Dependence of the Central Mississippi Area, Inc., you become a member of the leading advocacy organization in the world addressing alcoholism and drug dependence.

NCADD's Youth Advisory Board provides opportunities to address your community's greatest needs. You'll be empowered with the knowledge and skills to help prepare your school and community in preventing and reducing the harmful effects of prescription drug misuse or abuse.

WHO ARE NCADD YOUTH ADVISORY BOARD MEMBERS

High school students at any level of leadership experience who are looking to serve Mississippians by addressing some of the root causes of the opioid epidemic though peer to peer prevention, education, and advocacy.

THE NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE CENTRAL MISSISSIPPI AREA, INC.'S STORY

OUR BELIEF

The National Council on Alcoholism and Drug Dependence of the Central Mississippi Area, Inc (NCADD), is a 501 C3 non-profit organization based in Ridgeland. **NCADD believes in the concept of substance use disorder as a treatable disease rather than a moral failing**.

WHAT WE DO & WHY

We stand firm on three pillars: prevention, treatment, and recovery. Committed to providing support to those who need it most, we have devoted more than fifty percent of our services to underserved areas. Our team, a passionate group of professionals, work tirelessly to focus on the mission: increase awareness about the devastating effects of alcoholism and drug dependency on the individual, the family, and the community.

OUR IMPACT

On average, serving approximately 60,000 individuals a year in one or more of our pillars, we are dedicated to learning and contributing to broader system changes in substance use disorder services by supporting youth and educators across school districts and sharing best practices with families and community members.

THE APPLICATION

Thank you for your interest in joining the National Council on Alcoholism and Drug Dependence of the Central Mississippi Area Inc.'s (NCADD) Youth Advisory Board (YAB), grades 9-12. Prior to completing this form, please familiarize yourself with NCADD's mission, vision, and board expectations. If you are emailing your application, save this document with your first and last name added to the file name and send it to YAB@ncaddms.org. You can also drop off your application or mail to NCADD (401 East Capitol, Suite 400, Jackson, MS 39201). **All applications must be submitted by (including postmarked) 11:59 PM on Friday, September 19, 2025.** Interviews will be conducted and led by Regional Compliance Coordinators on September 23 – 30, 2025. An NCADD team member will contact you to schedule your interview. Please provide the best date ___ /___ /___ and time _____.

Youth Advisory Board Expectations

Please initial next to each item below to confirm your understanding of the expectations for Youth Advisory Board Members.

Please Initial Expectations

____ Attend the annual training and retreat.
*Retreat will be a maximum of two days. Accommodations will be provided.

____ Attend and/or support one (1) Drug Take Back Day.
Drug Take Back Days are held in April and October. (This event is mandatory.)

____ Develop and present a minimum of one (1) peer led presentation or participate in a minimum of one (1) community event with the goal of information dissemination and collaborative impact.

____ Attend monthly hybrid meetings and turn in activity reports (if applicable). You're expected to attend at least 8 out of 10 meetings. Missing a meeting without giving at least 24 hours' notice will lead to a deduction in your stipend.

____ Work with YAB team to have professional headshot done by October 17, 2025.

APPLICANT INFORMATION

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Email:_____

Cell#:_____

High School:_____ Grade '23-'24:_____

Parent/Guardian Information:

Name(s):_____

Email:_____

Cell#:_____

Checklist for Getting Started

- I am a high school student in grade 9th-12th within the state of Mississippi.
- I possess a GPA of 2.75 or higher and have downloaded a copy of the GPA verification form to take to my school counselor for verification and signature.
- My values align with the mission of the NCADD.
- I believe that I can make a difference in the state of the opioid crisis.
- I am prepared to write a 500-word essay.
- I have requested a letter of recommendation from a teacher, mentor, or pillar of the community.
- I have solicited support from an adult to obtain the required support documentation AND to review my application to ensure completion.
- I have reviewed and agree with the expectations of a youth advisory board member.

How will you be championed?

- NCADD team members will be readily available to provide support.
- Members will be provided with the tools to cultivate the skills for positive change.
- Youth will have the support of advisory board peers.
- Earn an educational stipend for your leadership efforts

Essay Requirements (Attach Separately)

Please type a 500-word essay, double-spaced on the following topic: Why are you interested in providing community service in the capacity of a youth advisory board member?

Recommendation Letter Requirements

This is a crucial step in the application process, as recommenders can provide valuable insight into a student's academic or professional potential. The essential requirements for all recommendation letters are included here, along with additional advice for enhancing their usefulness to the admissions committee. Applicants are strongly recommended to get acquainted with these standards and to explicitly communicate them to those sending letters on their behalf.

Any letters that do not meet these criteria will not be accepted:

- Must include the recommender's hand-written signature.
- Must include the date on which the letter was written.
- Must clearly explain how the recommender knows the applicant, in what capacity, and for what length of time.
- Must be submitted on the recommender's official letterhead.
- Must include the recommender's contact information *(including email address, if any)*.
- Must be sent in one of the following ways:
- The recommender may send a hard copy of the letter directly to:

  The National Council on Alcoholism and Drug Dependence of the
  Central Mississippi Area, Inc. (NCADD)
  401 East Capitol, Suite 400
  Jackson, MS 39201

  - The applicant may forward the recommender's sealed letter to The National Council on Alcoholism and Drug Dependence by mail *(we cannot accept it if the original letter has been opened)*, or
  - The recommender may send a PDF of the signed and dated letter on official letterhead to The National Council on Alcoholism and Drug Dependence by email to **YAB@ncaddms.org** *(this is the preferred method, and by far the fastest.)*

GPA Verification Form

For NCADD Youth Advisory Board
To be completed by Student's High School Counselor

High School Counselors, your student is applying for a Youth Advisory Board position with The National Council on Alcoholism and Drug Dependence of the Central Mississippi Area, Inc. which requires proof of a high school GPA of a 2.75 or above on a 4.0 scale. Please complete this GPA verification form, sign, and return it to the student.

This is to verify that _____ currently has a cumulative GPA of _____ on a 4.0 scale
(Student's Name)

as a student at_____.
(School Name Here)

Counselor's Name *(Please Print)*:_____

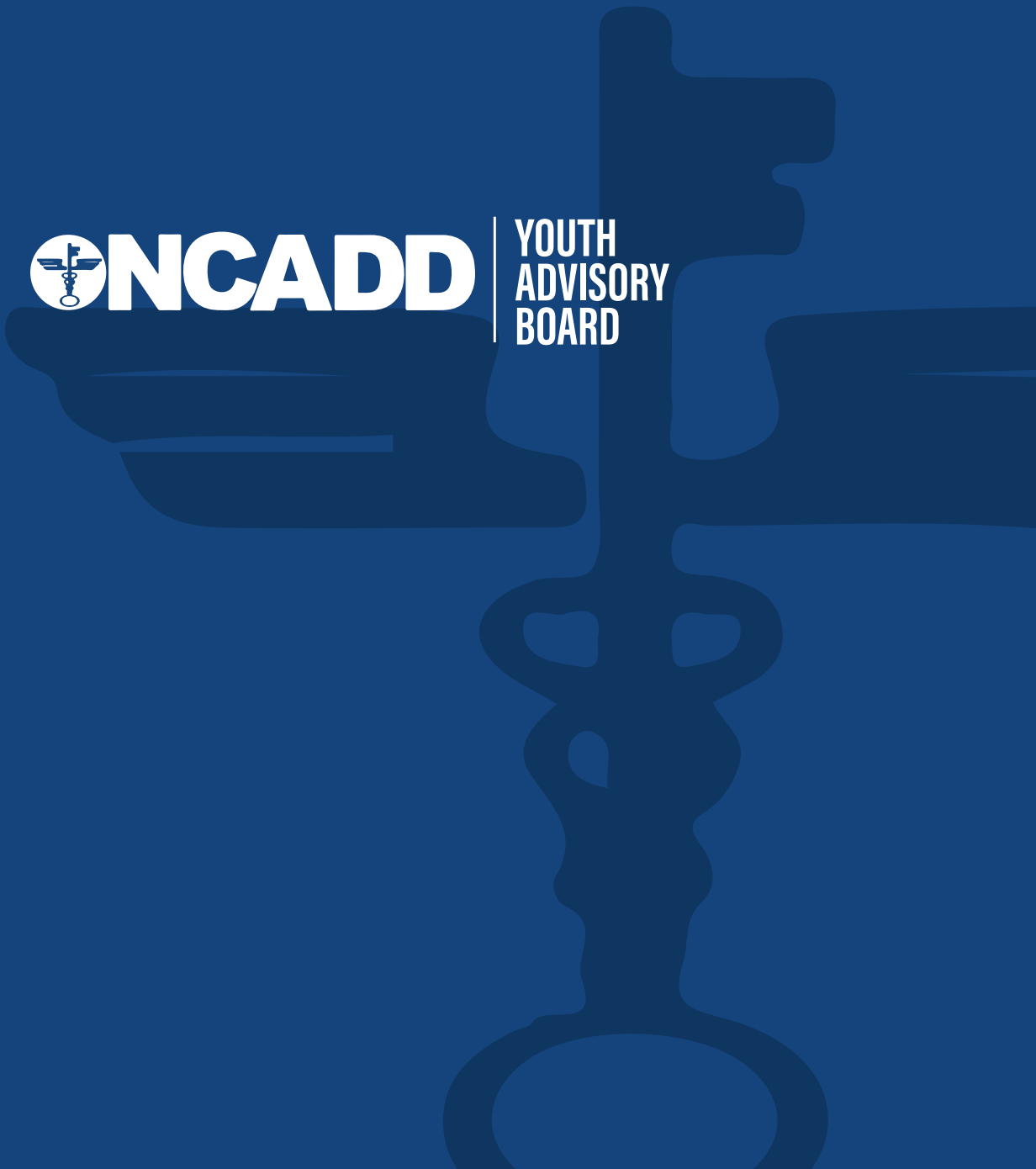
Counselor's Email:_____

Counselor's Phone Number:_____

Counselor's Signature:_____

Date:_____

For questions, please call **601.899.5880** or email us at **YAB@ncaddms.org**.



NCADD | YOUTH ADVISORY BOARD