

STANDUP FOR KIDS – Don't Run Away Program Basic Information Sheet

Thank you for your interest in expanding the Don't Run Away Program in your area. To help us better serve you in implementing and executing the DRA Program, please fill out this brief informational sheet as complete as you can. If you have any questions, please do not hesitate to contact us at DRA @standupforkids.org.

contact us	a can. If you have any questions, sat <u>DRA@standupforkids.org</u> .	piease do noi nesitate to
Point of Contact/DRA Director: (person wh	ho will oversee the DRA efforts in yo	our city)
Name:	Program:	
Street:	City, State:	Zip:
Email Address:	Phone Number:	
Program Information:		
To your knowledge, has the DRA Progra	am been offered in your city previo	ously?
Through what means will you be imple	menting DRA?	
If through High School or University	ı/College:	
School Name:	Program Type:	
Student Contact Name:		(If available at this time and different from the above Point of Contact)
Email Address:	Phone Number:	
Please provide a brief description of the	e structure of your Don't Run Away	y Program:
DRA Presentation:		
At what schools are you planning to give	ve the presentation?	
What presentation do you plan to use?		
Do you have access to the necessary ar	nd up-to-date DRA materials?	
Do you have or have you ordered DRA	Cards?	
Do you need to have a brief DRA Prese	ntation Training over the phone?	

After filling out this form, please email it back to the National Director of Don't Run Away at <u>DRA@standupforkids.org</u>. Thank you!