



# Volunteer Application

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Prevention WINS, a community coalition to prevent youth substance abuse in northeast Seattle, is launching an alcohol purchase survey campaign. We are seeking volunteers who are over 21 years old but look younger to conduct the surveys at northeast Seattle beer and wine retailers.

## **What are alcohol purchase surveys?**

Alcohol purchase surveys (APS) involve young-looking adults entering stores to buy alcohol. Retailers are supposed to ask all young-looking adults for identification if they attempt to purchase alcohol. If a retailer *does* ask for ID during the survey, they will receive a small reward. If a retailer does *not* ask the volunteer for ID, they will receive a reminder. At no time will alcohol be purchased by volunteers.

Once the surveys are complete, Prevention WINS will publicize the retailers who *did* ask for ID.

## **Why conduct APS?**

Illegal sales to minors can be prevented, but most communities need valid information in order to do the most effective job of prevention. APS can provide this information.

The Prevention WINS APS will include a reward & reminder component to provide feedback to retailers.

## **Who will conduct the surveys?**

Prevention WINS is seeking volunteers who are over 21 years old but look younger to conduct the surveys at northeast Seattle beer and wine retailers. Each surveyor will be accompanied by a Prevention WINS coalition member.

## **Responsibilities**

- Volunteer buyers enter the retail site and quickly locate the alcohol.
- Buyers pick up alcohol and place it on the check-out counter for purchase.
- If asked for age identification, the buyer says, "I don't have any."
- If not asked for age identification, the buyer says, "I forgot my wallet."
- Alcohol is never purchased.
- The buyer leaves the store and records information about the encounter.

## **Time**

- Orientation: 2 hours
- Surveys: 2-4 Friday afternoons for 2 hours each day

Please complete this application and submit it to:  
Prevention WINS  
c/o Seattle Children's Hospital, Adolescent Medicine  
M/S W7831 PO Box 5371  
Seattle, WA 98145

Questions? Contact the Prevention WINS coordinator at [inga.manskopf@seattlechildrens.org](mailto:inga.manskopf@seattlechildrens.org).

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

### School

Are you currently in school?  
If so, what school do you attend?  
What year/class are you in?  
What is your major?

### Qualifications

List your previous employment, volunteer activities and/or community and school activities. Please include information about anti-drug programs, projects or events you may have participated in, if applicable.

## Interest

Please summarize why you are interested in conducting alcohol purchase surveys.

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## Reference

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	