



DRUG ABUSE RESISTANCE EDUCATION  
ROLE MODEL SURVEY

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

COUNSELOR: \_\_\_\_\_

CURRENT GRADE LEVEL (Please circle): 10 11 12

CURRENT GRADE AVERAGE: A A- B+ B B- C+ C

1. Please explain why you would like to participate as a Role Model in an elementary or middle school class discussion.

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2. Have you ever smoked a cigarette? Yes No

If so, how many times? 1 2 3 4 5 5+

3 Have you ever had a drink of alcoholic beverage? Yes No

If so, how many times? 1 2 3 4 5 5+

4. Have you ever used marijuana? Yes No

5. Are you willing to spend part of a day at an elementary/middle school talking with sixth graders about the importance of resisting the use of alcohol and drugs? Yes No

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Date)