



SLS OFFICER ABSTINENCE FORM

I agree to remain free from any and all substance abuse during the time that I am a SLS officer for _____.

I will also do my best to set a positive example in the activities and projects we do this year.

Signed:

Date:

Witnessed by:

SLS Advisor:

Failure to complete duties of an office or substantiated use of substances will be cause for the advisor to ask for the resignation of the officer.

**Special thanks to Croswell-Lexington High School for developing this form.*