

Empowering youth
through positive
alternatives...



For more information call or write to:

Youth for Youth (YFY) Organization
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Youth For Youth

The Youth of Guam are valuable resources and have much to contribute to our community. They possess knowledge, strength, and the ability to effectively influence their peers to make positive changes in our society.

WHO ?

The Youth for Youth (YFY) Organization on Guam is designed to involve the youth in developing, implementing, and evaluating a drug prevention program for themselves. Youth who wish to share project ideas to help plan and organize community activities are encouraged to join the YFY Organization.

WHAT ?

It is a comprehensive year-round program which includes drug education, personal growth, decision making, and positive peer support for being drug-free. It includes exposure to ideas that really work and lots of exciting drug-free fun!

WHEN & WHERE ?

Meetings are held every Thursday from 4:00pm to 6:00pm on the 3rd floor training room of the Department of Mental Health and Substance Abuse.



Youth members will:

Empower their peers with knowledge and skills to promote healthy, drug-free lifestyle through:



- * Community Educational Activities on Drug Abuse Prevention
 - * Youth trained as trainers in Prevention
 - * Locally developed Prevention Resources for Youth
 - * Skill Development (leadership) Training for Youth
 - * Networking with other Youth locally, regionally and nationally
 - * Strengthening Youth and Adult Partnerships
 - * Empowering Youth with Positive Alternatives
 - * Fostering Community Collaboration
- YFY Provides:**
- * Conferences, trainings, and other drug-free activities across Guam.
 - * Continual programming for Middle and High School Teens.

Youth For Youth Organization

Membership Form

Name: _____

Male Female

Date of Birth: _____ Age: _____

Village: _____

School: _____

Grade: _____ SS#: _____

Mailing Address:

Home Phone: _____

Parent Work Phone: _____

Other Contacts: _____

Parent(s) or Guardian:

Member Signature:

Date: _____