



Become a Lock Your Meds Ambassador for Volunteer Credit

Lock Your Meds® is a national multi-media campaign designed to reduce prescription drug abuse by making adults aware that they are the “unwitting suppliers” of prescription medications being used by young people in unintended ways.

As a prominent voice in the community, teens are needed to play an active role in order to help spread the word about the need for adults to properly secure their over-the-counter prescription medications.

Make a Difference

Help us educate the community about the dangers of prescription drug abuse. More than two million people 12 years and older had an opioid use disorder in 2016. (Source: Substance Abuse and Mental Health Services Administration.)

How We're Helping

AWARENESS: Our goal is to reach as many people as we can in order to create an awareness about one of the most prevalent problems in our nation: Prescription Drug Abuse.

ACTION: We are creating a network of influential affiliations that will actively advocate our message to their consumers to change their behaviors.

RESULTS: Our goal is to reduce the acts of prescription drug abuse through education and by informing the nation that they can proactively prevent drug abuse through simple acts.

How You Can Help

This is a national effort and Ambassadors can help from any city or state.

Benefits

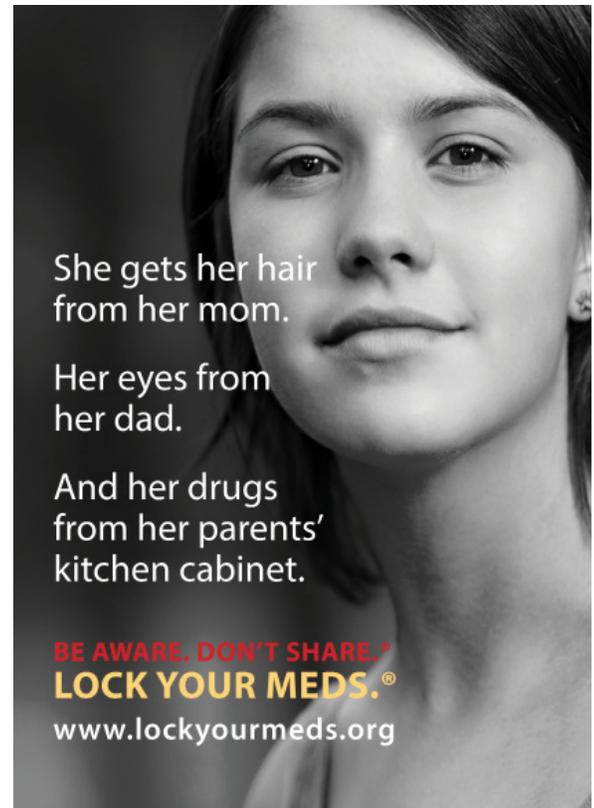
- Volunteer hours or credit
- An official Lock Your Meds Heart Pin
- Recognition on Social Media
- A chance to make a difference!

Requirements

LYM Ambassadors must be in high school and must be at least 14 years of age. You must be passionate about making a difference and feel comfortable with performing community outreach. This includes but isn't limited to; reaching out to schools, churches, athletic associations etc., and posting to social media.

Contact

For more information, contact Audri Amoro @ AAmoro@InformedFamilies.org or 305-775-6145.





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HOURS WILL BE AWARDED FOR EACH ACTION LISTED BELOW

All actions are **not** required in order to receive credit
Actions 2, 4 and 5 must be completed in order to receive a Lock Your Meds Ambassador pin.

1. An initial phone call with the volunteer contact is required in order to learn about the campaign.
2. Presentation
 - a. Ambassadors who opt to a give Lock Your Meds presentation should provide an overview about what the campaign is, mention the website, social media handles, online pledge form and E-store. Information will be supplied via email.
 - b. Lock Your Meds Online: www.LockYourMeds.org, Facebook & Twitter @LockYourMeds
 - c. Presentation can be given to classrooms, clubs, churches etc.
 - d. Must be given to a group of 10 or more people ages 14 and older.
 - e. Must get prior approval from volunteer contact. Video proof of presentation is required in addition to a sign-up sheet that lists names and numbers for each attendee.
 - f. Presentation should take approximately 10 minutes.
 - g. Four (4) hours of credit will be given for each presentation made.
3. LYM Social Media Reposts and Retweets One (1) hour of credit will be given for each. Must add hashtag #LockYourMeds for verification purposes. *(Maximum number credit hours is 3)*
4. Take the online LYM Pledge
 - a. Online pledge forms must be fully completed and submitted online.
 - b. One (1) hour will be given for every pledge submitted.
5. Email a photo of yourself holding up a sign that reads Lock Your Meds.
Send to: AAmoro@InformedFamilies.org
 - a. Photo will be used and posted to our Social Media Accounts with a notation that you are a LYM Ambassador. Two (2) Hours of credit will be given.
 - b. A photo release must be signed.
6. Like our FB and Twitter Pages and receive one (1) hour of credit for each page "like".
7. Post flyers at schools, churches, in the community, etc. Must provide photo proof of the posted flyer and include the organization's name, contact name, phone number, address and city where the flyer was posted. One (1) hours of credit will be given for each flyer posted.

First Name: _____ Last Name: _____

Age: _____ Grade: _____ Contact Phone Number: _____

School: _____ City: _____ State: _____

Email Address: _____

I agree to the above listed requirements:

Signature: _____ Date: _____