



**Prevention Coalition
of Mercer County**

Coalition Involvement Agreement

Yes! I agree with the mission of *Prevention Coalition of Mercer County* and its commitment to reducing substance abuse among youth by increasing collaboration and coordination of community services and resources. I pledge to support this mission to create population-level change by participating in the *Prevention Coalition of Mercer County* by attending meetings as available, participating in Coalition initiatives, and assisting with ongoing assessment, planning, and implementation of Coalition initiatives.

(Please print clearly)

NAME: _____

EMAIL: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

DAYTIME PHONE: _____

CELL: _____

FAX: _____

WEBSITE: _____

Please identify the community sector(s) that you personally represent (check only one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Youth (under 18) | <input type="checkbox"/> Schools | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Youth-serving organization | <input type="checkbox"/> Religious/Fraternal |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> State, local, governmental agency | <input type="checkbox"/> Civic/Volunteer Group |
| <input type="checkbox"/> Healthcare professional | <input type="checkbox"/> Citizen or Community representative | <input type="checkbox"/> Other organization involved in reducing substance abuse |
| <input type="checkbox"/> Media Senior | <input type="checkbox"/> Other _____ | |

Please indicate resources or services that you or your organization can provide for the Coalition: (Check all that apply)

- Hosting or sponsoring a Coalition meeting or event
- Professional training for Coalition members - What topics? _____
- Educational presentation for Coalition and community members - What topics? _____
- Advertising for Coalition events within the community
- Providing volunteers to assist with Coalition events
- Printing or photocopying of Coalition materials
- Other: _____

I would like to be a member of the following work groups/committee(s):

- | | |
|--|--|
| <input type="checkbox"/> Assessment/Evaluation | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Prescription Drug Abuse | <input type="checkbox"/> Underage Drinking |
| <input type="checkbox"/> Youth | |

I am interested in assisting the Coalition with the following activities: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Policy Change | <input type="checkbox"/> Youth/School Activities |
| <input type="checkbox"/> Data Collection/Assessment | <input type="checkbox"/> Town Hall Meetings |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Education & Outreach |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Nomination Comte. For Officers |
| <input type="checkbox"/> Evaluation Program | <input type="checkbox"/> Enforcement |
| <input type="checkbox"/> Dissemination of Media/Info. | |
| <input type="checkbox"/> Other: _____ | |

Please indicate what benefits of Coalition membership you find valuable: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Professional Networking | <input type="checkbox"/> Exhibit Opportunities |
| <input type="checkbox"/> Training | <input type="checkbox"/> Resources for Expanded Services |
| <input type="checkbox"/> National/Regional Conferences | <input type="checkbox"/> Other: _____ |

_____ Please initial here if you DO NOT want your contact information shared with other coalition members

Signature: _____ **Date:** _____

****Hand signature required**

Coalition Representative Signature: _____ **Date:** _____

Please return completed form to bsprechman@mercercouncil.org or fax: 609-396-3451