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):

☐ Youth (under 18) ☐ Schools ☐ Law Enforcement
☐ Parent ☐ Youth-serving organization ☐ Religious/Fraternial
☐ Business Community ☐ State, local, governmental ☐ Civic/Volunteer Group
☐ Healthcare professional ☐ Citizen or Community representative ☐ Other organization involved in reducing substance abuse
☐ Media ☐ Senior
☐ Other: _______

Please identify 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):

☐ Assessment/Evaluation
☐ Prescription Drug Abuse
☐ Marijuana
☐ Underage Drinking
☐ Youth
☐ Prescription Drug Abuse
☐ Prescription Drug Abuse
☐ Youth

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

☐ Policy Change
☐ Data Collection/Assessment
☐ Education & Outreach
☐ Strategic Planning
☐ Nomination Comte. For Officers
☐ Dissemination of Media/Info.
☐ Enforcement
☐ Other: _______

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

☐ Professional Networking
☐ Training
☐ National/Regional Conferences
☐ Exhibit Opportunities
☐ Resources for Expanded Services
☐ 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