

# THE COALITION FOR YOUTH & FAMILIES

EVERY PERSON MATTERS, EVERY MOMENT COUNTS



## Coalition Member Intake Form Coalition for Youth and Families

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

This agreement between **Coalition for Youth and Families** and the **Coalition Member** shall be from today's date, \_\_\_\_\_, for 1 year, or until terminated by mutual agreement.

Sector of Representation (check one):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Business                    | <input type="checkbox"/> Youth                                | <input type="checkbox"/> Media                           |
| <input type="checkbox"/> Youth Serving Organizations | <input type="checkbox"/> School                               | <input type="checkbox"/> Civic Groups Faith<br>Community |
| <input type="checkbox"/> Healthcare                  | <input type="checkbox"/> Law Enforcement                      | <input type="checkbox"/> Parent                          |
| <input type="checkbox"/> SUD/MH Professional         | <input type="checkbox"/> Elected Official/Local<br>Government | <input type="checkbox"/> Other: _____                    |

### Coalition Member Availability

How frequently would you like to participate in Coalition work?

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Hour    | <input type="checkbox"/> 4-5 Hours |
| <input type="checkbox"/> 2-3 Hours | <input type="checkbox"/> 6+ Hours  |

Would you be interested in being a member of our leadership committee?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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What most interests you in Substance Abuse Prevention and Mental Health Promotion Coalitions?

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> The health and wellbeing of our youth | <input type="checkbox"/> Overall community health/safety | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Job requirement                       | <input type="checkbox"/> Personal interest/education     |                                       |

**Coalition Member Interests** (select one or more)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Youth Mentor       | <input type="checkbox"/> Social Media/Outreach       | <input type="checkbox"/> Educator/Program Implementer |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Workshop/Event Coordination | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Data Analysis      |  |   |

**Position Responsibilities**

Coalition Members will be expected to:

1. Attend all coalition meetings when available
2. Notify a member of the leadership team if you are unable to make a meeting
3. Actively share information about our goals, programs, and initiatives with other colleagues within your sector
4. Act as a liaison between your organization and the coalition
5. Participate in coalition strategic planning process every two years
6. Personally invite appropriate members of the community to coalition meetings to help build capacity
7. Attend coalition sponsored trainings, seminars, and community-wide events if able;
8. Be aware and supportive of the mission of the coalition, it's goals, objectives, community work and programs
9. Promote and engage the community in the coalition's efforts

Time Commitment

1. Anticipated 1 hour per month
2. Attend all coalition events, programs, etc. when available

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## Qualifications

1. Have personal values that align with the coalition mission of prevention underage substance abuse & bring awareness to mental health within youth, as well as other coalition goals and bylaws
2. Have a working knowledge of current prevention topics
3. Be aware and supportive of all Coalition for Youth and Families projects, initiatives, and goals

*As a coalition member, I agree to fulfill all of the duties and responsibilities listed above to the best of my ability.*

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Coalition Member Signature

Coalition Member Print

Date

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Coalition Coordinator Signature

Coalition Coordinator Print

Date