



# Sector Representatives | MOU

## Engaged Commitment Agreement

### Memorandum of Understanding for Actively Serving in Allendale County Healing Partners

\_\_\_\_\_ (organization or individual), is committed to being an active member of the **Allendale County Healing Partners** Coalition and will serve on at least one workgroup. We are committed to the vision, goals, objectives and strategies that have been and/or will be decided by the Coalition.

**As general evidence of our commitment, we/I agree to do the following** (check those that apply):

- ☐ Attend coalition meetings and activities (or appoint a representative(s) to attend)
- ☐ Read minutes, reports, website, emails and newsletters to keep abreast of coalition decisions and activities
- ☐ Disseminate relevant information to organizational members or employees through websites, newsletters, etc.
- ☐ Keep coalition informed of our organization's related activities
- ☐ Serve on at least one of the coalition's workgroups

**Organization/I will commit the following resources to the coalition** (check those that apply):

- ☐ Access to our volunteers for coalition tasks
- ☐ A financial commitment of \$\_\_\_\_\_ ☐ annually ☐ one-time
- ☐ In-kind contributions of \_\_\_\_\_  
\_\_\_\_\_ (i.e. staff time, material resources, meeting space, refreshments)
- ☐ Connections to other key organizations/individuals
- ☐ Technical Assistance Resources & Consulting



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**I consider myself or my agency to be representing this sector(s) of the community:**

- |   |   |
|---|---|
| <input type="radio"/> Business                    | <input type="radio"/> Civic or volunteer group              |
| <input type="radio"/> Schools/Education           | <input type="radio"/> Faith-based or fraternal organization |
| <input type="radio"/> Media                       | <input type="radio"/> Healthcare                            |
| <input type="radio"/> Youth-serving organization  | <input type="radio"/> State, local or tribal government     |
| <input type="radio"/> Senior-serving organization | <input type="radio"/> Individual                            |
| <input type="radio"/> Law enforcement             | <input type="radio"/> Other _____                           |

**Contact Information for Member Directory and Communications** (Name, Organization Name, Mailing Address, Phone(s), Email, Organization Website):

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**Preferred method of communication for meeting notifications and/or time-sensitive information and updates** (Text, Social Media Apps, Office Phone, Cell, Email, Postal Mail): \_\_\_\_\_

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*\* We understand online-based communications like email may not be accessible to everyone. Please share which contact method works best for you so that we can be inclusive to all members. You are valued and we want to make sure you're receiving updates equitably.*



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Your skills/resources/connections you feel could help elevate the work of the coalition:

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Please share some of the reasons for getting involved/staying involved in the coalition:

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Involvement in other community-based organizations and efforts:

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Print Name of Representative to Coalition	Signature	Date
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Thank you for being a part of Allendale County Healing Partners! We’re so grateful for YOU! Once complete, please share this form with the Coalition Secretary or you can email this form to [info@allendale.health](mailto:info@allendale.health).