



Northeast Prevention Coalition

# NORTHEAST PREVENTION COALITION MEMBERSHIP APPLICATION

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

Date: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Your Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**There are three types of meetings that will be held as follows:**

- 1) **Steering Team Committee:** consisting of but not limited to, the Chair, Coalition staff, and a minimum one other member to set the agenda for regular monthly meetings.
- 2) **Coalition Body Meetings:** Held once per month at the Vermont Department of Health in St. Johnsbury or through teleconference.
- 3) **Work Groups:** As needed.

**Types of membership (choose one):**

Active Member - participates in most meetings and other activities as able.

Contributing Member - unable to attend most meetings; however, can offer help in some areas.

Supporting Member - wants to be kept informed by remaining on the email distribution list.

**Sector of the community I represent (choose one):**

Youth (persons under 18 years of age)

Parent

Business Community

Media

Schools

Youth-serving organization

Law enforcement agency

Religious or fraternal organization

Civic/volunteer group

Healthcare professional

State, local, or tribal agency with expertise in the field of substance use

Other organization involved in reducing substance use, misuse, or abuse

Other: \_\_\_\_\_

I have the following skills/resources that may be needed to do the work of the Coalition (click all that apply):

| Skills:                  | Resources:           | Other:             |
|--------------------------|----------------------|--------------------|
| Accounting               | In-kind              | Strategic Planning |
| Child care               | Meeting space        | Training/education |
| Communication            | AV equipment         | Photography        |
| Computer/technology      | Access to volunteers | Public speaking    |
| Data collection/analysis | Tables/chairs        | Public policy/laws |
| Evaluation               | Computer equipment   | Web design         |
| Event planning           | Transportation       | Other: _____       |
| Filing/office work       | Supplies             |                    |
| Grant writing            | Funding              |                    |
| Graphic Design           | Food and beverages   |                    |
| Legal                    |                      |                    |
| Marketing/advertising    |                      |                    |
| Volunteering Fundraising |                      |                    |

Northeast Prevention Coalition (NPC) may use information or materials provided by members to promote the NPC mission and vision (i.e. collaboration, capacity, and media building). Unless advised otherwise, if you do not wish to share certain information or materials, **please opt-out by choosing from the following options** (Note: youth under age 18 will have to fill out a separate photo release):

|              |            |            |
|--------------|------------|------------|
| Name         | Address    | Cell phone |
| Organization | Email      | Photos     |
| Title        | Work phone |            |

We come together to support prevention and promote education for youth, as well as all ages, concerning substance use, misuse, and abuse. Thank you for joining the Northeast Prevention Coalition. We look forward to working with you!

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**Member Applicant Signature**

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**NPC Representative Signature**