



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!

Member Applicant Signature

NPC Representative Signature