



Coalition Involvement Agreement



I agree with and pledge to support the mission of the StandUP Polk and UthMpack Coalition to reduce substance abuse through education, public awareness, advocacy and empowerment.

NAME: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

DAYTIME PHONE: _____ CELL PHONE: _____

If you represent an organization:

Name of Organization: _____ Title: _____

Please circle the community sector or sectors you represent: (circle all that apply)

- | | | |
|---------------------------------------------------------|-----------------------------------|-------------------------|
| Schools | Parent | Media |
| Youth (under 18) | Business Community | Law Enforcement |
| Religious or Fraternal Organization | Youth-serving organization | Healthcare Professional |
| Civic/Volunteer Group | State, local, governmental agency | |
| Other organization involved in reducing substance abuse | | |

Please indicate resources or services that you or your organization can provide for the Coalition: (check all that apply)

- | | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Host or sponsor a Coalition meeting or event | <input type="checkbox"/> Sponsor a meal at the UthMpack Retreat for 75 |
| <input type="checkbox"/> Advertise for Coalition events within the community | <input type="checkbox"/> Provide bottled water |
| <input type="checkbox"/> Be a collection site for Project Prom formal wear | <input type="checkbox"/> Provide alterations on formal garments (minor and major) |
| <input type="checkbox"/> Printing or photocopying of Coalition events | <input type="checkbox"/> Monetary Donation |
| <input type="checkbox"/> Sponsor the DiSC Personality Profile for UThMpack Leadership Class | |
| <input type="checkbox"/> Professional training for Coalition members—What topics? _____ | |
| <input type="checkbox"/> Educational presentation for Coalition and community members—What topics? _____ | |
| <input type="checkbox"/> Other: _____ | |

Please check if you would like more information on any of the following groups/committee(s):

- | | | |
|----------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Prevention Epidemiology Network | <input type="checkbox"/> Own the Upside Annual Drug Summit | <input type="checkbox"/> Medication Take Back Days |
| <input type="checkbox"/> Tobacco Free Partnership | <input type="checkbox"/> Teen Parent Initiative | <input type="checkbox"/> UthMpack |

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

- | | | | |
|--------------------------------------------------------|------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Professional Networking | <input type="checkbox"/> Exhibit Opportunities | <input type="checkbox"/> Resources of Expanded Services | <input type="checkbox"/> Training |
| <input type="checkbox"/> National/Regional Conferences | <input type="checkbox"/> Other: _____ | | |

Signature: _____ Date: _____

Coalition Representative Signature: _____ Date: _____