



Coalition Member Agreement

Yes! I agree with the mission of the Rahway Prevention Coalition and its commitment to serve our youth by increasing collaboration and coordination of community services and resources. I pledge to support this mission to create population-level change by participating in the meetings as available, participating in Coalition initiatives, and assisting with ongoing assessment, planning, and implementation of Coalition initiatives.

(Please print clearly)

NAME _____ E-MAIL _____

TITLE _____ ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL _____ FAX _____

Please identify which sector (s) of the community you identify with (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Youth (under 21) | <input type="checkbox"/> Media | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Schools | <input type="checkbox"/> Religious/Fraternal |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Youth-serving organization | <input type="checkbox"/> Civic/Volunteer group |
| <input type="checkbox"/> Healthcare professional | <input type="checkbox"/> State, local, tribal governmental agency with expertise in the field of substance abuse | <input type="checkbox"/> Other organization involved in reducing substance abuse |

Please indicate the areas of interest that you would like to become involved with during the year:

- Sticker Shock Campaign
- Parents Who Host Lose the Most
- Responsible Beverage Training
- Community awareness events/fairs/National Night Out/etc.
- Other _____

Please indicate the resources or services that you or your organization can provide for the Coalition:

(Check all that apply)

- Hosting or sponsoring a Coalition meeting or event at your facility
- Professional training for Coalition and community members—Indicate topic (s) _____
- Educational presentations for Coalition and community members—Indicate topic(s) _____
- Advertising for Coalition events within the community
- Providing volunteers to assist with Coalition events, including youth
- Other: _____

Please indicate which of the following committees you would be interested in joining: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Marijuana / drug prevention | <input type="checkbox"/> Media |
| <input type="checkbox"/> underage drinking | <input type="checkbox"/> Data / Evaluation |
| <input type="checkbox"/> Gang awareness/ prevention | <input type="checkbox"/> Other: _____ |

Signature: _____ Date: _____

Coalition Representative Signature: _____ Date: _____