Hill Country Council on Alcohol & Drug Abuse
HCCADA
Kendall County Community Coalition

Kendall County Community Partnership Coalition Involvement Agreement

☐ Yes! I agree with the mission and pledge to support this mission of being dedicated to providing guidance and education to families for today's challenges. I agree to attend meetings as available, participate in initiatives, and assist with ongoing assessment, planning, and implementation of Coalition initiatives.

☐ Individual or ☐ Organization | Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Email: _____

Preferred communication method: ☐ *Email* ☐ *Phone Call* ☐ *Text* ☐ *Mail*

Please identify the community sector <u>you personally</u> represent: *(Please check only **ONE**)*

- ☐ Youth (under 18)
- ☐ Parent
- ☐ Media
- ☐ Schools
- ☐ State, local, government agency
- ☐ Recovery Community
- ☐ Young Adult (18-25)
- ☐ Business Community
- ☐ Military (Active/Non-Active)
- ☐ Healthcare Professional
- ☐ Other organization involved in reducing substance abuse
- ☐ Education Service Center (ESC)
- ☐ Law Enforcement
- ☐ Faith Based Organization
- ☐ Civic and Volunteer Group
- ☐ Youth-serving Organization
- ☐ Local Mental Health Authority
- ☐ Other: _____

I would like to be an active member in the following work groups: *(Check all that apply)*

- ☐ Community Needs Assessment/Evaluation
- ☐ Membership Recruitment and Retention
- ☐ Strategic Planning
- ☐ Dissemination of Information/Media
- ☐ Alcohol Prevention Workgroup
- ☐ Tobacco/Nicotine/E-Cigs Prevention Workgroup
- ☐ Marijuana/THC Prevention Workgroup
- ☐ Prescription Drugs Workgroup

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

- ☐ Professional Training for Coalition
- ☐ Attend Coalition Events
- ☐ Advertising Coalition Campaigns
- ☐ Planning Coalition Events
- ☐ Meeting Space
- ☐ In-kind or other support or services

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Expires August 31, 2029