



MEMBER APPLICATION FORM

Name: _____

Organization Affiliation: _____

Telephone: _____

Email: _____

What skills, resources or connection do you bring to the coalition? (i.e., accounting, childcare, communications, computer or technology, virtual or in-person facilitation, collecting and analyzing data, event planning, administrative skills, grant writing, graphic design, media talent, legal expertise, marketing, meeting space, access to volunteers, etc.)

Why are you interested in serving on this Coalition?

The 12 Core Sectors can help us identify who we have and do not have at the table. What sector do you identify with the most?

	Healthcare Provider State		Local or Tribal Government
	Business		Law Enforcement
	Schools		Parents
	Youth		Media
	Civic/Volunteer		Youth-serving organizations
	Religious/Fraternal Organizations		Other Organizations involved in Prevention

If the Coalition had a presentation request, would you be willing to consider presenting on your area of expertise? Yes No

**Return completed form to: Ashlea Confer, Franklin County Health Department.
Email: aconfer@franklincoks.org or fax to: 785-229-3529**