

## Melrose Substance Abuse Prevention Coalition

**Our vision:** We envision a Melrose that is a safe, healthy, and resourceful community—one that embraces substance abuse prevention efforts and is united on the path to positive solutions.

**Our mission:** The Coalition is dedicated to improving the quality of life for all in Melrose by fostering evidence-based substance abuse prevention strategies. Working collaboratively and providing resources, we take a leadership role in combating this problem by offering HOPE...health, outreach, prevention, and education.

### FY'10 Membership Agreement

#### **MSAPC CORE MEMBERSHIP requirements:**

To serve on the Core Coalition, one must:

- Complete this membership agreement
- Attend monthly meetings of the Coalition *on a regular basis* and
- Be an active member of *at least one* Action Team

Action Teams have a Point Person and communicate separately from the monthly Coalition meetings. These Teams will change as goals are achieved and new ones are set. Please check off which of the following Teams you would like to participate in at this time:

- Guiding Good Choices (workshop series for parents of children aged 8 – 14)
- Healthy Alternatives for teens (dependent upon funding...collaborating with Youth Action Team, Rec/Parks Department, YMCA, Common Ground, etc)
- \*\*Task Team pilot!\*\*** Membership (outreach and follow-up with potential new members, check-in with existing members)
- Police (Tip Line promotion, Access & Enforcement, Drunk Driving Prevention)
- Policy (Social Host Liability local ordinance outreach, liquor licensing support: work with Cambridge Prevention Coalition, Liquor Licensing Commission, and establishments)
- \*\*Task Team pilot!\*\*** SBIRT (Screening, Brief Intervention, and Referral to Treatment) with Melrose-Wakefield Hospital
- School (Student Assistance Team, ATOD Policy, Project Northland Class Action)



Initials\_\_\_\_\_

- Sports Organizations (outreach to engage and provide resources/trainings to coaches and parents of these groups)
- \*\*Task Team pilot!\*\*** Survey (Winter 2009—administration and coordination of PRIDE survey to parents, faculty, staff)
- \*\*Only for youth!\*\*** Youth (Alcohol Compliance Checks, Environmental Scans, Melrose Draws the Line, Marijuana Prevention, Media Literacy, YAT Facebook/MySpace pages)

**MSAPC CORE MEMBERSHIP benefits include:**

- Receipt of coalition meeting invitations, minutes, agendas, updates, monthly reports, and other email communications from Coordinator/Administrator
- Opportunity to participate in trainings, coalition development opportunities and strategic planning as they arise
- Access to data on youth and adult behaviors and attitudes around health and substance abuse, and
- When available, support for programming and funding opportunities that fit with the MSAPC mission.

As an active CORE COALITION member, I agree to fully support the vision and mission of the MSAPC. My membership may be terminated at any time upon written notice to the Coordinator.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please check any additional items you feel you have the skills to assist with as a member.**

- Events*: assist with community events
- Literature/Brochures in community*: participate in information dissemination in community
- Mailings*: assist with targeted mailings
- Photography*: take pictures of Coalition events/initiatives/members/etc
- Public/Media Relations*: write, review, and/or coordinate Coalition newspaper submissions and other PR
- Presentations*: assist with community presentations
- Other*:\_\_\_\_\_

**What skills would you like to develop being a part of this group?**

\_\_\_\_\_

**Approximate number of hours I am able to commit as a member per month:**

\_\_\_\_\_ hours/month



**MSAPC ASSOCIATE MEMBERSHIP requirements:**

*\*\*If you are not able and/or not interested in being a Core Coalition member, you can sign up to be an Associate member by checking and signing below\*\*:*

- I would like to be an Associate Member. As such I pledge to be available to provide support, information, or other assistance as I am able to help the Coalition achieve short term goals. I would also like to be on the MSAPC email list.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CORE AND ASSOCIATE MEMBERS → please fill in your contact information below.** We will use this information to update our database and add you to our email list. This form will be used to officially consider you a member of the Melrose Substance Abuse Prevention Coalition.

Sector of Community: \*Circle the **one** sector, from the list below, that best categorizes you\*

*INDIVIDUAL*

*-Youth*

*-Parent*

*ORGANIZATION*

*-Business community*

*-Media*

*-Schools*

*-Youth-serving organizations*

*-Law enforcement agencies*

*-Religious or fraternal organizations*

*-Civic and volunteer groups*

*-Healthcare professionals*

*-State/ local governmental agencies with expertise in the field of substance abuse*

*-Other organizations involved in reducing substance abuse.*

If not youth or parent → Organization Name: \_\_\_\_\_

Your name: \_\_\_\_\_ Credentials (PhD, MD, etc): \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



M E L R O S E  
S U B S T A N C E   A B U S E  
P R E V E N T I O N   C O A L I T I O N

Initials\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone#: Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

**\*Please circle above your preferred contact number**

Fax #: \_\_\_\_\_

Y N

Permission to share your contact information with other Coalition members?

Please allow me to access the Coalitions' data wiki.

Local organization affiliations:\_\_\_\_\_

(Are you a member or on the board of other Melrose groups?)

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**Media Release:**

I, \_\_\_\_\_, grant permission to the Melrose Substance Abuse Prevention Coalition to use my photograph or have my name featured in any local print media or on the City of Melrose website related to my participation with the Coalition.

Signature: \_\_\_\_\_

\*If under 18\*: \_\_\_\_\_

(Parent or Guardian Signature)