

**How Can Communities That Care of Lorain County best utilize your skills and talents?
Please tell us a little more about you.**

Name: _____

Business/Organization/Affiliation: _____

Preferred Address:

(Address, City, State, Zip code)

Email: _____

Phone #: _____ - _____ - _____ Fax#: _____ - _____ - _____

Please check all that apply:

- I live in Lorain County I work in Lorain County
 I work with an organization/business that provides prevention services in Lorain County
 Other reason(s) why *Communities That Care of Lorain County* interests me:

Please help us find a fit for your talents. Please write I or E in front of the item(s) to indicate your Interest (I) or Experience (E). Thank you.

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Marketing/Advertising/PR |
| <input type="checkbox"/> Alcohol and Drug Treatment | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Alcohol/Drug Prevention | <input type="checkbox"/> Policies/Procedures |
| <input type="checkbox"/> Community Connections | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Research/Data Analysis |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Social Norms |
| <input type="checkbox"/> Event Planning/Management | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Tobacco Prevention |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Website Design |
| <input type="checkbox"/> Group Facilitation/Training | <input type="checkbox"/> Working with Youth |
| <input type="checkbox"/> Laws/Regulation | <input type="checkbox"/> Workshop/Training Design |

Other: _____

I am really good at: _____

Availability: Please help us match our needs to the time you have to commit to coalition work in Lorain County. Indicate when you are most available. **Please check ALL that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Early Morning (before 9 am) | <input type="checkbox"/> Weekend Days (Sat and/or Sun) |
| <input type="checkbox"/> Daytime Mornings (9am – 12pm) | <input type="checkbox"/> Year Round (12 months) |
| <input type="checkbox"/> Lunchtime (12pm – 2pm) | <input type="checkbox"/> School Calendar (10 months) |
| <input type="checkbox"/> Afternoons (2pm – 5pm) | <input type="checkbox"/> Summer (June – August) |
| <input type="checkbox"/> Evenings (5pm+) | |

Indicate any day(s)/times that you are otherwise committed and would not be able to participate with the coalition (for example: the first Thursday of each month in the mornings.)

I am only available to attend the monthly coalition meeting (currently the 1st Tuesday of the month 9:00 – 10:30 am) to offer my expertise and network with other partners.

I am not able to attend the monthly coalition, but can be available by phone or e-mail consultation

Mentoring:

- I would like a mentor to assist me on the coalition
 I would like to be a mentor to another coalition member

Optional Information:

I have _____ children that attend the following school(s) – list Lorain County district and school name(s): _____

I am a member or affiliated with the following *faith based* organization:

I am a member of the following group, association or organization that may be interested in learning more about the coalition, risk and protective factors and/or under age substance abuse and prevention (Example: parent organization at child's school, tenants association, block watch program, sports team, volunteer program, etc):

I am a member of the following – please check all that apply:

- Lions Club (of _____) Rotary Club (of _____)
 Kiwanis Club Safe Communities Coalition
 Lorain County Prevention Connection

Other Service Club: _____

This information will be kept confidential and only used by CTC of Lorain county staff – we appreciate your help