

Member Profile



We, the Richland County Youth Substance Use Coalition, want to collect information from our community partners and members so that we can:

- Effectively communicate with our members and partners
- Best utilize everyone's skills and abilities
- Develop a larger network of support for our mission and for specific projects
- Make sure we are communicating with, and working with, a broad representation of the Richland County community

Our Mission: To empower Richland County youth, families, and the community to reduce youth substance use through education, intervention, and participation.

Our Vision: A community where all youth can grow up substance free.

Please tell us how you may be willing and able to support our mission.

1. Are you willing to do any of the following activities? Please check all that apply.

- Receive emails from the Coalition regarding research news, tips, events, action alerts, and other community updates.
- Share Coalition information with friends, family, co-workers, organizations and other community members.
- Promote the mission of the Coalition through your actions and words.
- Be available to help advance the mission of the Coalition by providing your specific knowledge or expertise.
- Volunteer at community events, representing the Coalition.
- Attend monthly Coalition meetings as often as you're able.
- Participate in a Coalition Subcommittee (or workgroup) to help plan and carry out projects.

2. Do you have experience or interest in any of the following? Please check all that apply.

- | | |
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| <input type="checkbox"/> Arts/Artistic Expression | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Working with parents/parent education | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Data Collection/Data Analysis | <input type="checkbox"/> Social Media/Social Networking (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Youth engagement | <input type="checkbox"/> Editing |
| <input type="checkbox"/> Community Event Planning | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Media and Public Relations | <input type="checkbox"/> Legislative Advocacy |

3. Your Contact Information

Your Name	
Organization	
Address	
Phone	
Email	

4. Please list any other individuals, organizations, businesses or community groups that you recommend we connect with.

Please list the primary contact name/organization (if applicable) below.
Please provide any other information about this contact that you feel would be helpful for the Coalition.

Can we mention your name when we contact this person? YES NO

Please list the primary contact name/organization (if applicable) below.
Please provide any other information about this contact that you feel would be helpful for the Coalition.

Can we mention your name when we contact this person? YES NO

Please list the primary contact name/organization (if applicable) below.
Please provide any other information about this contact that you feel would be helpful for the Coalition.

Can we mention your name when we contact this person? YES NO

The Richland County Youth Substance Use Coalition thanks you for your time and involvement!