



## **SW Seattle Youth Alliance Registration Form**

***\* this information will remain confidential and will be entered into the King County Database.***

Name \_\_\_\_\_

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

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

\*if you don't want to list address please list your work address or closest elementary to your home.

Work Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_ Hispanic: \_\_\_ Yes \_\_\_ No

Organization Name: \_\_\_\_\_

Employment Title: \_\_\_\_\_

**Which of the following sectors describes your primary place employment or affiliation (Choose ONE only):**

<input type="checkbox"/> Youth	<input type="checkbox"/> Parent	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Civic/Volunteer Org.
<input type="checkbox"/> Business	<input type="checkbox"/> Healthcare Professional	<input type="checkbox"/> Media	<input type="checkbox"/> School Representative
<input type="checkbox"/> Youth Organization	<input type="checkbox"/> Religious/Fraternal Organization	<input type="checkbox"/> State/Local/Tribal Organization	<input type="checkbox"/> Mental Health/Substance Abuse Organization

**Level of Commitment (please circle or X all that apply- \*see descriptions on next page)**

<u>Coalition Member and/or Program Partner</u>	<u>Sector Representative</u>	<u>Leadership team</u>
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## **RESPONSIBILITIES & INVOLVEMENT**

### **COALITION MEMBER**

#### **Coalition Member and/or Program Partner will:**

- a. Attend monthly coalition meetings;
- b. Sub-contract with the Coalition to deliver a specific program; and Collaborate with Coalition staff to effectively implement that program. (Program partner)
- c. Participate in assessing and analyzing root causes of substance abuse problems in the community during monthly meetings.
- d. Participate in strategic planning processes during monthly meetings;
- e. Support the coalition's mission and vision
- f. Receive Coalition newsletter emails/updates
- g. Respect confidentiality and the rights of the SW Seattle Youth Alliance (SWSYA) members to hold their own opinions and beliefs.

### **COALITION SECTOR REPRESENTATIVE**

#### **Coalition Sector Representative shall:**

- a. Provide resources and updates on sector's organization to share with other members.
- b. Attend at least 9 out 10 monthly coalition meetings or send another sector representative to attend meeting.
- c. Attend monthly Coalition Meetings as **voting members**;
- d. Participate in assessing and analyzing root causes of substance abuse problems in the community during monthly meetings.
- e. Participate in strategic planning processes during meetings;
- f. Ensure clear communication between the sector member's organization and the coalition;
- g. Help implement our Strategic Plan to prevent and reduce youth substance abuse;
- h. Participate in sustaining the coalition's vitality, involvement, and energy in the community
- i. Support the overarching principles of cultural competence and ensure its incorporation into our work.

### **COALITION LEADERSHIP TEAM**

#### **Coalition leadership team shall:**

- 1) Partake in one of Committee positions below:
  - a) **Chair** – Attend and help facilitate monthly meetings. Participate in creating monthly agenda. Volunteer for SWSYA events and/or programs
  - b) **Co-Chair** – Fill in for Chair when they cannot partake in meeting. Assist in creating monthly agenda when Chair cannot. Volunteer in SWSYA events and/or programs. Updating social media accounts.
  - c) **Secretary** –Take minutes for monthly coalition meetings and send notes to Coalition Coordinator and members. Volunteer in SWSYA events and/or programs.



**Indicate Resources/services that you or your organization can provide for the SW Seattle Youth Alliance (Check all that apply):**

<input type="checkbox"/> Advertising for SWSYA events
<input type="checkbox"/> Design, social media and web services
<input type="checkbox"/> Educational presentations for SWSYA and community members
<input type="checkbox"/> Hosting or sponsoring an SWSYA meeting or event at your facility
<input type="checkbox"/> Printing or photocopying of SWSYA materials
<input type="checkbox"/> Professional training for SWSYA and community members
<input type="checkbox"/> Providing volunteers to assist with SWSYA events
<input type="checkbox"/> Other:

**What Actions would you be willing to take to help reduce underage drug and alcohol use? (Check all that apply)**

<input type="checkbox"/> Distribute informational materials to parents and other adults
<input type="checkbox"/> Assist with data collection: <input type="checkbox"/> youth surveys <input type="checkbox"/> adult/parent surveys <input type="checkbox"/> focus groups,
<input type="checkbox"/> Encourage local grocery stores/restaurants/bars to carefully check I.D.'s
<input type="checkbox"/> Encourage schools and police to consistently enforce laws and policies
<input type="checkbox"/> Participate in media campaign planning
<input type="checkbox"/> Participate in strategic planning
<input type="checkbox"/> Peer intervention campaign
<input type="checkbox"/> Serve as an advisor to youth-led projects
<input type="checkbox"/> Work to reduce drug and alcohol advertising
<input type="checkbox"/> Provide volunteer/in-kind support to SWSYA (e.g., meeting space, technology expertise, help with newsletter, legislative advocacy, etc.)
<input type="checkbox"/> Work to change policies at the local level by talking to community officials
<input type="checkbox"/> Work to change policies at the state level by talking to legislators
<input type="checkbox"/> Other: