



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

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'11 *Core* Membership Agreement

MSAPC CORE MEMBERSHIP requirements:

- 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 and/or Task Team: *Action Teams have a Point Person and communicate separately from the monthly Coalition meetings. Task Teams are short-term Action Teams. 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)
- Police (Tip Line promotion, Alcohol Compliance Checks, Social Host law promotion)
- Policy (Liquor Licensing Commission Partnership)
- ****Task Team**** SBIRT (Screening, Brief Intervention, and Referral to Treatment) with Melrose-Wakefield Hospital
- School (Student Assistance Team, K-12 Health Prevention Curriculum)
- Sports Organizations (outreach to engage and provide resources/trainings to coaches and parents of these groups)
- ****Only for youth!**** Youth (Environmental Scans, Melrose Draws the Line, Media Literacy)

Initials _____

Fax #: _____

Y N

- Permission to share your contact information with other Coalition members?
- Please allow me to access any Coalition data or documents online.

Local organization affiliations: _____

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

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 you are able to commit as a member per month:

_____ hours/month

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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)

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If you have any questions or concerns, please contact Janet at jnevin@cityofmelrose.org or (781) 979 - 4130.

Please return completed form to the Melrose Health Department, 562 Main St, Melrose.