



Do Your Part - Get Engaged!

Nam	e:			
Addr	ess: _			
City:			State:	Zip:
Home Phone:			Home E-mail:	
Work Phone:				
Cell Phone:				
Area	s of Ex	perience/Interest:		
Best	day to	contact: S M T W	T F S	
Best	time t	o contact: 🗆 Morning 🗀 Afterno	oon 🗆 Evening	
Prefe	erred r	method of contact: \square Home Ph. \square	Cell Ph. □ Work Ph. □ E-mail □ Mail	
Wha	t area	s are you interested in learning r		
		=		
		☐ Prevention/Positive Alternative	ves	
		Intervention Strategies		
		□ Reentry/Recovery		
		☐ Support Service		
		Conflict Resolution		
		□ Policy		
		Other		
Wha	t aroa	(s) would you be willing to lend	support?	
vviia	l area	Communications – <i>phone calls, e</i>		
		Planning	inians, etc.	
	П	Administrative Support		
	П	Meeting and Event Support		
	П	Research		
	П	Mentoring		
	П	Technology		
	_	Media Support		
		Other		
Wha		Ild you like to participate in?		
		Community Focus Groups		
		Summits and Meetings		

Comments: (Please use back if needed)