

# HCHY INVOLVEMENT FORM



This form can also be completed online at  
[www.marquettehchy.org](http://www.marquettehchy.org)

As a community coalition, HCHY depends on member participation and community collaboration to succeed. Please help HCHY grow by updating your contact information and letting us know your intended involvement for the year \_\_\_\_\_.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Sector: Youth Parent Individual Business Media Youth Organization  
Civic Organization Government Law Enforcement School Healthcare  
Faith-based Other \_\_\_\_\_

Residence \_\_\_\_\_  
School District \_\_\_\_\_



Yes No

## PLEASE TELL US A LITTLE MORE ABOUT YOURSELF:

Why be involved with HCHY? What do you hope to gain or accomplish, personally or professionally?

What skills, training, or hobbies (computers, photography, fund raising) of yours might be useful for HCHY?

## TYPES OF INVOLVEMENT:

**Please check how you can be involved (check all that apply):**

- Contributor – actively serve on a committee but not attend regularly coalition meetings, provide services, goods, materials, or supplies
- Voting Member – attend meetings to shape direction and goals, approve HCHY policies and budget, and elect board and officers. Voting members actively serve on at least one committee, team or project. No dues.
- Helper – at events or activities as needed
- Organization Partner – take on or host projects; designate at least one person to actively participate in HCHY as a voting member (see above); organization partners are listed on HCHY's website
- Sponsor – endorse, support, or fund HCHY efforts
- Financial Donor – help pay for core coalition functions

## AREAS OF INTEREST:

Please check the area(s) of involvement that interest you (check one or more):

- Community Education (produce various campaigns such as Parents Who Host, Alcohol Awareness, emerging drug trends, healthy lifestyles, etc.)
- Tobacco & Other Tobacco Products Education (educate community groups/decision-makers about harms of tobacco and new tobacco products)
- Community or Neighborhood Representative (invite new people to join HCHY in your area, consider local efforts, put up posters or distribute information from coalition and coalition teams)
- Responsible Beverage Servers (educate volunteer beverage servers, examine conditions of sales at events)
- Substance Abuse Policy (examine and promote public policies that make it more likely people will make healthy choices)
- Alcohol Compliance Checks (ensure and support ongoing compliance checks at licensed establishments and festivals)
- Youth Involvement (engage young people through schools and community groups in prevention & wellness)
- Strengthening Families Program 10-14 (help recruit families with children age 10-14 to enroll in this annual 7-week program, provide child care or prepare meals)
- Parent Cafés (organize parent conversations with meal and childcare)
- Parent Information Exchange (reach out to parents raising children in Marquette County; help make connections to useful resources and education)
- Healthy Eating & Active Lifestyles (build new opportunities for greater access to healthy food and exercise)
- Local Foods (connect local food providers with interested buyers locally and statewide)
- School Gardens (establish learning gardens in elementary schools)
- Coalition Membership & Leadership Nominations (invite new members, keep membership materials up-to-date and prepare annual board and officer nominations)
- Fundraising (work on plans to involve all members in fundraising, apply for grants, organize events)
- Coalition Financial Management (oversee and audit the treasurer)
- Other. Please describe:

### Connecting with Regional and Statewide Partners

HCHY coordinates with similarly aligned state or regional organizations (Alliance for Wisconsin Youth, American Lung Association, etc.) to enhance our prevention and wellness efforts. We will share your contact information with these organizations, unless you check the box below.

- Do not share my contact information with statewide or regional partners.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

