

## SUSSEX CHILD HEALTH PROMOTION COALITION MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	Cell Phone:
Current address:		
City:	State:	Zip Code:
Fax:	Email 1:	Email 2:

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	Zip Code:
Position:	Title:	Other:

### COMMUNITY VOLUNTEER/INVOLVEMENT INFORMATION

Name of Organization:
Name of Organization:
Name of Organization:

### PLEASE CHECK WHERE APPROPRIATE

Indicate below by checking the box the committee/s structure you are currently involved with?

<input type="checkbox"/> <b>General Membership:</b>  Definition of a general member is one who is interested in the SCHPC and attends some meetings when able and wants to receive information but does not serve on a committee.	<input type="checkbox"/> <b>Steering Committee:</b>  Definition of a steering committee member is one who attends a majority of meetings and is a member of a specific committee that meets on a monthly basis.	<input type="checkbox"/> <b>Chair/Co-Chair Committee:</b>  Definition of a Chair or Co-Chair is a individual who leads or co-leads a specific committee and who helps the Executive Director lead the coalition. S/he may or may not hold a role on the Executive Committee.
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### PLEASE INDICATE BELOW WHAT COMMITTEE/S YOU ALREADY SERVE ON

<input type="checkbox"/> Executive	<input type="checkbox"/> Steering	<input type="checkbox"/> Community
<input type="checkbox"/> Laurel School Committee	<input type="checkbox"/> Seaford School Committee	<input type="checkbox"/> Resource Development/Media
<input type="checkbox"/> Early Learning/Child Care	<input type="checkbox"/> Health Committee	<input type="checkbox"/> PATCH

### PLEASE INDICATE BELOW IF YOU WISH TO SERVE ON A COMMITTEE BUT ARE NOT ASSIGNED TO ONE

Committee Name	Would you like to serve in a leadership capacity?	Notes:
	<input type="checkbox"/> Yes                      or <input type="checkbox"/> No	
	<input type="checkbox"/> Yes                      or <input type="checkbox"/> No	

### PLEASE FEEL FREE TO WRITE SUGGESTIONS OR SPECIFIC NEEDS YOU MAY HAVE IN THE SPACE PROVIDED:

I have kept a copy of this application and am fully aware of the Mission and Vision of the Sussex Child Health Promotion Coalition. I agree to assist the Coalition with working towards that mission and vision. I recognize that I do not speak for the entire Coalition but will act in good faith with regards to promoting the Coalition.

Signature of applicant:	Date:
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