



Membership Application

Biographical Information

Name: _____

Employer: _____ Title: _____

Address: _____ City/Zip: _____

Office: () _____ Cell: () _____

E-Mail: _____ Birthday: _____

Please indicate your area(s) of interest/expertise (place an "x" next to all areas of interest):

Substance Use Prevention Problem Gambling Prevention RxCollect

Community Awareness Bullying, Violence & Suicide Prevention Policy

Statement of Commitment and Employer Support

The Licking County Prevention Partnership seeks to continue as a vital, active entity promoting positive prevention and wellness. To this end, the Licking County Prevention Partnership seeks volunteer members to engage in the process. In becoming a Partnership member, I agree to attend quarterly meetings and to attend other activities associated with the Partnership to the best of my ability.

Because the Licking County Prevention Partnership is an unpaid, volunteer experience, I verify that my employer supports my application to join the Partnership and is aware of the time commitment required.

Signature of applicant

Date



The Licking County Prevention Partnership is a community coalition of Pathways of Central Ohio and is committed to improving the lives of Licking County residents.

Statement of Interest

Please detail your reasons for seeking membership on the Licking County Prevention Partnership.

Experience

Please state any pertinent expertise and experience you can bring to the Partnership. How will the Partnership grow if you are a member?

Return completed application to:

Licking County Prevention Partnership
c/o: Stacy Degler
1627 Bryn Mawr Drive
Newark, OH 43055

Application Deadline: August 16, 2016

*Please include a current resume
or vita with your application.