

Membership Agreement

This volunteer membership Agreement is between Montcalm Prevention Collaborative and you and shall be in effect from date of signing until terminated by either party:

COLLABORATIVE SERVICES AND RESPONSIBILITIES

Montcalm Prevention Collaborative shall be responsible for:

- A. Setting policies for staff and programs
- B. Formulating goals and objectives to remain in compliance with its funding source
- C. Overseeing the daily operation of its activities and programs under the MPC umbrella
- D. Managing staff and volunteers working sponsored activities and programs
- E. Jointly setting goals and objectives for staff, volunteers, community members
- F. Creating and following its strategic plan within the requirements of its funding source with coalition input
- G. Providing a space for members to raise concerns about issues negatively impacting our community related to prevention, youth substance use, and building a healthier community.

Your Name *

First

Last

Organization or Community Member (if not representing an organization)

Email *

Support Levels

You can support our Collaborative by choosing to be either an active member or a youth member.

• An **"Active"** Collaborative member is one who participates in Collaborative activities on a regular basis. An Active Collaborative Member has the right to attend and vote on matters that come before the Collaborative at regularly scheduled Collaborative Meetings. To be considered an Active Collaborative Member a signed Collaborative Involvement Agreement within the current fiscal year outlining the scope of the commitment and the expectations of the parties must be completed.

• A **"Youth"** Collaborative member is an individual or organization that supports the Collaborative's mission and wishes to receive communications regarding the Collaborative's activities, but does not commit to attend meetings or perform specific duties for the Collaborative. Youth members are those engaged with the Montcalm Youth Wellness team. All youth members shall have voting privileges with their work team and the full collaborative. For quorum purposes they will not be counted as Active Members.

[I/We] would like to support Montcalm Prevention Collaborative as a (choose one):

*

Active Member

[I/We] would like to work on the below collaborative work team(s): (check all that apply)

Check All That Apply: *

- Attend meetings
- Serve on Prescription Drug and Medication Disposal Team
- Serve on a Youth Team
- Serve on Cannabis, Alcohol, Tobacco, Other Drugs Team
- Serve on Sustainability Team
- Serve on Communications Team
- Serve on Executive Board
- Attend trainings or seminars to increase our collaborative partners' capacity
- Volunteer at events or activities
- Volunteer relaying goals, objective and/or current trends through media sources
- Ensure clear communications between the coalition and your organization
- Participate in setting the strategies to increase the health of our community
- I cannot volunteer at this time but I would like to continue to receive information from the coalition
- Other

Thank You In Your Interest for Becoming A Member with our Collaborative!

Your signature below confirms your membership agreement.

Draw your signature into the box below.

Draw or [Type](#)

I understand this is a legal representation of my signature.

[Clear](#)

Spam Protection. Please answer this simple question:

4 + 2 = ?

Submit

