

## SE Seattle P.E.A.C.E. Coalition Member Registration Form

\* this information will remain confidential and will be entered into the King County Database.

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*if you don't want to list address please list closest elementary school to your home.

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you 18 years old or older?  Yes  No

What is your highest grade/education level completed? \_\_\_\_\_

Gender \_\_\_\_\_

Ethnicity \_\_\_\_\_

Hispanic:  Yes  No

### Coalition Sector Representation (please check one)

- Mental Health
- Youth (under 18)
- Parents
- Business Community
- Civic and Volunteer Groups
- Media
- Healthcare Professionals
- Religious/Fraternal Organizations

- Youth Serving Organizations
- Schools
- Law Enforcement
- State/local/tribal government agencies with substance abuse expertise
- Other Organizations involved in reducing substance abuse
- Substance Abuse Treatment
- Other \_\_\_\_\_

**COALITION INVOLVEMENT AGREEMENT (CIA)  
SE Seattle P.E.A.C.E. Coalition**

This Agreement between the *SE Seattle P.E.A.C.E. Coalition* and \_\_\_\_\_ shall be from \_\_\_\_\_ until terminated by mutual agreement.

**RESPONSIBILITIES**

*SE Seattle P.E.A.C.E. Coalition/Neighborhood House* shall be responsible to:

- a. Set policies for staff and programs;
- b. Formulate goals and objectives in compliance with its funding source;
- c. Oversee the daily operation of its activities and programs;
- d. Direct any SE Seattle P.E.A.C.E. Coalition staff and volunteers working on its activities/programs;
- e. Jointly set goals and objectives for staff and volunteers, and negotiate and approve their activities;
- f. Coordinate and network with coalition members and partners and maintain clear communication;
- g. Follow and revise our strategic plan within the requirements of our funding source; and
- h. Respect the right of all sector members/coalition participants to their own opinions and beliefs.

*Coalition Members* shall be responsible to:

- a. Attend monthly Coalition Meetings as voting members;
- b. Participate in Coalition Committees or Workgroups;
- c. Attend coalition sponsored trainings, seminars, and community-wide events;
- d. Participate in assessing and analyzing root causes of substance abuse problems in the community;
- e. Participate in ongoing Logic Model development and strategic planning processes;
- f. Uphold and help refine the coalition vision, mission, objectives, goals, and activities;
- g. Ensure clear communication between the sector member's organization and the coalition;
- h. Help implement our Strategic Plan to prevent and reduce youth substance abuse;
- i. Participate in sustaining the coalition's vitality, involvement, and energy in the community; and
- k. Support the overarching principles of cultural competence and ensure its incorporation into our work.

**CONFIDENTIALITY**

Both parties agree that they shall be bound by and shall abide by all applicable Federal or State statutes or regulations pertaining to the confidentiality of client records or information, including volunteers. The parties shall not use or disclose any information about a recipient of the services provided under this Agreement for any purpose not connected with the parties' contract responsibilities, except with the written consent of such recipient, recipient's attorney, or recipient's parent or guardian.

**AMENDMENT**

The original agreement may be amended by mutual consent of both parties; however, such amended agreements must be in writing and signed by both parties.

Mark Okazaki  
Coalition Representative's Name (Print)

\_\_\_\_\_  
Sector Member's Name and Sector

By: \_\_\_\_\_  
[Coalition Representative's Signature]

By \_\_\_\_\_  
[Sector Member's Signature]

Executive Director  
Title

\_\_\_\_\_  
Title