



## Coalition Involvement Agreement (CIA)

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

ORGANIZATION (if representing) \_\_\_\_\_

Please identify the community sector(s) that you represent:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Youth (under 21)   | <input type="checkbox"/> Youth-Serving                            | <input type="checkbox"/> Civic/Volunteer Group     |
| <input type="checkbox"/> Parent             | <input type="checkbox"/> State, Local, Tribal Governmental Agency | <input type="checkbox"/> Community Member          |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Law Enforcement                          | <input type="checkbox"/> Other Organization: _____ |
| <input type="checkbox"/> Healthcare         | <input type="checkbox"/> Religious/Fraternal                      | _____  |
| <input type="checkbox"/> Media              |   |  |
| <input type="checkbox"/> School             |   |  |

This agreement between Oceana LEADS and \_\_\_\_\_ (PRINT NAME) shall be from \_\_\_\_\_ (DATE) until terminated by mutual accord. This agreement will be reevaluated on a yearly basis.

Oceana LEADS will be responsible for:

1. Creating and following by-laws and policies.
2. Formulating coalition goals and objectives.
3. Overseeing operations of activities, programs, and paid staff.
4. Increasing new membership of the coalition.
5. Creating and following a strategic action plan.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respecting the rights of Oceana LEADS Coalition Members to hold their own opinions and beliefs.

The Coalition Member will be held responsible for:

1. Being a community leader amongst the represented sector.
2. Ensuring clear communication between the sector represented and the coalition.
3. Acting as a positive role model for youth, families, and peers.
4. Supporting the coalition's mission.
5. Attending coalition meetings, activities, trainings, or community events as schedule allows.
6. Participating in at least one workgroup.
7. Contributing to the strategic planning process.
8. Participating in sustaining the coalition's capacity, involvement and goals.
9. Informing the Coalition Coordinator when no longer able to serve as a sector representative and recruiting a replacement.

Please select any of the workgroups you would like to receive email updates on:

- Marijuana and Alcohol Action Team (MAAT)
- Opiate Task Force (OTF)
- Executive Committee

**Sector Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Coalition Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form to Kortni Garcia in person or by email: kgarcia@dhd10.org

*Coalition Involvement Agreements must be completed to be a voting member of the coalition. If for any reason you would like to terminate your CIA, please contact the coalition coordinator at the above email.*