



New Member Welcome Packet

Vision

Collaborative partners addressing the evolving challenges of substance use.

Mission

Mobilize community partners to develop comprehensive strategies focused on drug education and prevention, harm reduction, justice-focused initiatives, treatment, and recovery.

Tag Line

Educate * Engage * Transform

Partnership for Drug-Free Communities is a community-based coalition addressing a spectrum of issues: youth drug prevention, drug overdose prevention, treatment and recovery resources, and justice-focused initiatives. The coalition serves Madison, St. Clair, and the surrounding Illinois counties. We bring together organizations and individuals to identify, discuss, and create comprehensive strategic plans to address substance related issues. All community members are welcome to participate in the coalition and its meetings.

Partnership for Drug-Free Communities was formed in 2016 when the Drug-Free Coalitions of Madison County (est. 2006) and the Madison County Heroin Task Force merged. The membership includes multiple agencies, organizations, businesses, parents/guardians, and volunteers. Meetings are typically held on the 4th Wednesday of every month from 10:00 am – 11:00 am and may be attended in person or virtually. For more information or to be added to our distribution list, email PartnershipDrugFreeCommunities@gmail.com.

Thank you for your interest in our coalition's work. As we expand our community engagement efforts, we are excited to welcome new members, like you. Please join us at an upcoming meeting, and if you're interested in becoming a voting member, complete our letter of commitment and questionnaire. You can also visit our website PartnershipDrugFree.org, or follow us on Facebook (Partnership for Drug-Free Communities).



Coalition Member Letter of Agreement

The primary responsibility of any member is to support the coalition's vision and mission. Members who attend at least 2 coalition meetings per year are considered a member in good standing with voting privileges. Members are encouraged to promote the work of the coalition, share talents, ideas, and resources, offer in-kind contributions, help recruit new members, and participate in one of the coalition's work groups, which include: Education & Prevention, Family Support Network, Drug Endangered Children, Justice-Focused Initiatives, and Strategic Planning. The Partnership supports several area Recovery Orientated Systems of Care (ROSC) groups. For more information go to: PartnershipDrugFree.org

Please check type of membership:

Organization (print organization's name): _____

Individual (member who does not represent an organization)

If the organization/individual or the Partnership's leadership identifies a need to review conditions of this agreement, a meeting will be arranged to address those issues. Members shall not misrepresent the coalition, its members, or its efforts in any way.

Member Signature: _____

Print Name: _____

Email: _____

Phone: _____

Executive Officer Signature: _____

Please return this form in person or by email to PartnershipDrugFreeCommunities@gmail.com



Member Interest Survey

What workgroups or leadership roles interest you?

- | | |
|--|---|
| <input type="checkbox"/> Chair | <input type="checkbox"/> Education & Prevention Workgroup |
| <input type="checkbox"/> Vice-Chair | <input type="checkbox"/> Justice Initiative Workgroup |
| <input type="checkbox"/> Corresponding Secretary | <input type="checkbox"/> Drug Endangered Children Workgroup |
| <input type="checkbox"/> Reporting Secretary | <input type="checkbox"/> Strategic Planning Workgroup |
| <input type="checkbox"/> Other: _____ | |

What resources and in-kind contributions can you or your agency offer Partnership?

- | | |
|---|--|
| <input type="checkbox"/> Website & I.T. | <input type="checkbox"/> Printing and/or material copying |
| <input type="checkbox"/> Hybrid meeting support | <input type="checkbox"/> Funding for events, activities, & merchandise |
| <input type="checkbox"/> Meeting space availability | <input type="checkbox"/> Creative content & material development |
| <input type="checkbox"/> Digital form creation | <input type="checkbox"/> Networking & outreach capabilities |
| <input type="checkbox"/> Other: _____ | |

Which sector(s) do you represent in the community (click all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Healthcare Professionals |
| <input type="checkbox"/> Media | <input type="checkbox"/> State/Local/Tribal Government |
| <input type="checkbox"/> Religious/ Fraternal Organizations | <input type="checkbox"/> Substance Misuse Organizations |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Civic/Volunteer Organization |
| <input type="checkbox"/> Youth Serving Organizations | <input type="checkbox"/> Parents/Guardian/Care Provider |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Other: _____ | |

Main reason(s) for becoming a member (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Job related/focused | <input type="checkbox"/> Eager to be more involved |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Person with lived experience |
| <input type="checkbox"/> Interested/concerned citizen | <input type="checkbox"/> Other: _____ |

How did you hear about the coalition? _____

In your community, what do you see as the biggest concern that this coalition could address?

Updated: JAN 2024

Name: _____

Email: _____