

BLAIR DRUG AND ALCOHOL PARTNERSHIPS MEMBERSHIP FORM

NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

AGENCY/ORGANIZATION: _____

Please check the boxes that best describe your affiliation.

<input type="checkbox"/> Civic/Volunteer	<input type="checkbox"/> Parent/Concerned Citizen
<input type="checkbox"/> Schools	<input type="checkbox"/> Business Community
<input type="checkbox"/> Youth Serving Agency	<input type="checkbox"/> Media
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Religious Community
<input type="checkbox"/> Government	<input type="checkbox"/> Youth (18 or younger)
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Other;

The **Vision** of the Partnership is as follows:

Blair County communities empower healthy choices and addiction free lifestyles.

The **Mission** of the Partnership is to:

1. Promote a collaboration of partnerships to support a continuum of programs and services to address the prevention and intervention of abuse and addiction issues and recovery within Blair County;
2. Provide recommendations to the Governing Board on the planning, coordinating and administration of services.

I am interested in participating in the Partnership:

The Coalition will send all meeting notices and materials via email.

I am also interested in the following subcommittee:

- Youth League – focuses on creating pro-social activities for youth
- Committee to Prevent DUI and Underage Drinking (CPDUD) - implements strategies and activities to reduce use by youth and prevent driving under the influence
- Education Committee: The Committee will focus on addiction education strategies that promote prevention, intervention and treatment strategies.
- Rise for Recovery – Vision-Uniting Voices for Recovery: Mission: Provide hope to those who are still untreated; Educate the public on the disease of addiction and that it is treatable; Provide awareness that people in recovery are living a productive happy life; Facilitate partnerships and resources that support recovery and improve the quality of life; Recognize and strengthen the different pathways of recovery; and Advocate for a community that facilitates recovery.

The information you have provided will be used only for partnership purposes. Membership information will be updated annually. Please mail your completed membership form to: Blair Drug and Alcohol Partnership, 3001 Fairway Drive Suite D, Altoona PA 16602 or FAX to 814 381-0922. For further information, contact Amanda Patrick: apatrick@blairdap.org or Kate Rimbeck: krimbeck@blairdap.org

Website: www.blairdap.org Facebook: Blair Drug and Alcohol Partnerships