



Tooele Interagency Prevention Professionals **TIPP**

"PREVENTION...Together We Can!"

Coalition Involvement Application and Agreement

☐ Yes! I agree with the mission of TIPP (Tooele Interagency Prevention Professionals) coalition and its commitment to provide the citizens of Tooele County support, guidance, and resources to improve their quality of life by being substance-free, healthy, and contributing members of society. I understand that my contact information will be shared with all coalition members.

NAME: _____

AGENCY: _____

JOB TITLE: _____

CITY: _____

EMAIL: _____

PHONE NUMBER: _____

What services do you provide that fit within the prevention framework?

What risk/protective factor(s) does your agency address?

SECTOR: ☐ Government ☐ Non-profit ☐ Business ☐ Youth (under 18) ☐ Healthcare Professional

☐ Schools ☐ Law enforcement ☐ Religious ☐ Media ☐ Other _____

Who referred you? _____

Please indicate resources or services that you or your organization can provide for the coalition:

☐ Hosting or sponsoring a coalition meeting or event

☐ Professional training for coalition members. Topics: _____

☐ Educational presentation for coalition and community members. Topics: _____

☐ Advertising for coalition events within the community.

☐ Providing volunteers to assist with coalition events.

☐ Printing or photocopying coalition materials.

☐ Other: _____

Would you be willing to serve on a committee? Yes ☐ No ☐

What Professional Development topics are you interested in learning more about?

Signature: _____

Date: _____

Please return completed form to jspindler@tooeleschools.org

FOR OFFICIAL USE ONLY		
Date Received:	Application Approved by:	Date Member was Notified: