**DUBOIS COUNTY CARES**

**MEMBERSHIP APPLICATION**

Name of Applicant (Printed) Organization Affiliation (if applicable)

Email Address of Applicant Phone Number of Applicant

**Mission:**

To Empower Youth to be Alcohol and Drug-Free

**Vision:**

We are a coalition that supports a sustainable alcohol and drug-free culture for youth in Dubois County.

**Goals:**

**1**. To establish and strengthen community collaboration and to support the efforts of the coalition in working to prevent and reduce substance use and misuse among youth

**2.** To reduce the aggregate total percentage of youth reporting past 30 day alcohol use by 15.3% in 2018 to 10% or lower in 2028 as determined through the Indiana Youth Survey.

**3.** To reduce the aggregate total percentage of youth reporting past 30 day vaping of tobacco products by 10% in 2028 as determined through the Indiana Youth Survey

**4.** To reduce the aggregate total percentage of youth report past 30 day marijuana use by 10% in 2028 as determined through the Indiana Youth Survey

Why are you interested in being a part of CARES?

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How do you see yourself helping with the CARES mission of Empowering Youth to be Alcohol and Drug Free?

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Sector that you wish to represent:

* Business
* Civic/ Volunteer Organizations
* Healthcare Professionals
* Law Enforcement
* Media
* Parents
* Youth
* Religious/Fraternal Organizations
* Schools
* State/Local/Tribal Government
* Substance Abuse Organizations
* Youth Serving Organizations
* Other:
  + Please Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I must attend at least full coalition meeting quarterly for my membership in Dubois County CARES to be considered “active.” I also understand that should I attend three full coalition meetings in succession, I will be eligible to vote on coalition business matters. Should I miss three full coalition meetings in succession, I will lose the opportunity to cast my vote but will continue to be considered “active.” I also understand that active membership requires that I participate in no less than one workgroup annually. Additionally, I agree to participate in coalition membership onboarding training.

Applicant Signature CARES Chair

Date Date