

Coalition Coordinator – Dan Stinson Secretary – Liz Wilbert Steering Committee Chairman – Jerry Parisi

Coalition Member Biographical Information and Signature Form

Full Name:	Birthday (D/M)		
Email Address:			
Mailing Address:			
Home Phone:	Mobile #:	Other:	
Employer:			
Mailing Address:			
Work Phone #	Fax #:		
Other Information:			
Why you are interested in	serving on the One Island, On	ne Dream, One Team Coalition?	
Skills and strengths you br	ing to One Island, One Drear	m, One Team Coalition?	
Other information you wou your 'job':	ld like us to know – special in	terests/talents/skills that are not necessarily	

(Please complete the back of this page too.)

Previous and current board experience:	
Community Group and/or Service Club Affilia	ations:
Other involvement in the community:	
What areas are you most interested in wo	rking on with/for the Coalition?
Assessment Analysis	Action (Standing Committees)
Capacity Building/Outreach	Media (contacts, etc.)
Marketing/Communications	Advocacy/ Public Policy
Governance	Education
Youth Engagement	Resource Development
Initiatives:	Project Sticker Shock
Town Hall Meetings Social Host Laws ??? New Initiative	Safe Homes
Other Area such as	
Photo Release	e: (please mark only one option)
I hereby authorize use of n the Coalition	ny photograph in materials/reports related to
I do NOT authorize use of r	my photograph in materials/reports related to Coalition.
Signature	