



Addiction Prevention & Support Coalition

TENNESSEE TECH

MEMBER DATA SHEET

MEMBER NAME:

ARE YOU A STUDENT, FACULTY, STAFF, OR ADMINISTRATOR?

Student Faculty Staff Administrator

CONTACT PREFERENCES:

Phone:

Text (# if different from phone):

Email:

COMMUNITY SECTOR:

STUDENTS (Only): Please list ALL student organizations, teams, or extracurricular groups you are a member of AND your major department:

FACULTY, STAFF, & ADMINISTRATORS (Only): Please list your position and your department/unit:

AREAS OF INTEREST (check all that apply):

Diversity

Student Engagement

Event Planning

Project Planning

Coalition Building

Coalition Leadership

Fundraising

Other:

Policy and Advocacy

Media (Print, Social, Visual)

Health Disparities

Data Collection / Analysis

Training / Skill-building

Community Outreach

Drug Endangered Children

Underage Drinking Reduction

Tobacco/Vape Use Reduction

Prescription Drug Misuse

Opioid Use Reduction

Overdose Prevention

Stimulant Use Reduction

Marijuana Use Reduction

*** Please contact us if you have any questions about any of these categories!**

Do you have any skills or hobbies you can bring to the coalition?

Do you speak a language other than English?

YES NO If yes, what language(s)?

Share one or two goals you would like to accomplish as a member of the Addiction Prevention & Support Coalition:

(Optional) Are there any underserved population(s) on campus or within the community you would like to see the Addiction Prevention & Support Coalition support?

Is there anything specific you would like to learn more about from the Addiction Prevention & Support Coalition?