



## Partner Inventory

Name:  Title (if applicable):

If applicable, is your position funded by any federal funding?  Yes  No  Unsure

Organization:  List organization as member  Yes  No

Address:  City:  Zip:

Phone:  Email:

Contact information for  Home and/or  Work will not be shared publically

### I am interested in the Council as a... (check all that apply)

- Youth  Parent  Law Enforcement  Health Care Provider  Gov't Agency  School
- Civic/Community Group  Youth-serving Organization  Faith-based Organization  Business
- Other Concerned Citizen with Interest in Substance Abuse

### Tell us a little bit more about you... (check all that apply)

#### I am able to...

- Attend Council meetings
- Participate in Council Committees
- Volunteer for activities, events, tasks
- Pass along information to others
- Use information within my organization or family

#### My areas of concern are...

- Alcohol Abuse
- Medication Abuse
- Illegal Drug Abuse
- Treatment
- Prevention
- Policy

#### I would like to work with...

- Youth - Ages 0-18 yrs
- Young Adults - Ages 18-25 yrs
- Adults - Ages 26-64 yrs
- Seniors - Ages 65+ yrs

#### Some of my interests include:

- Giving group presentations
- Educate special populations (non-English, seniors, youth, disabled)
- Talking with stakeholders
- Writing newspaper articles & letters to the editor

- Grant Writing
- Goal Setting
- Financial planning
- Recruitment & member relations

- Website Design
- Utilizing Social media (Facebook, twitter, YouTube)
- Marketing
- Promoting the Council

#### Other Comments:

Questions? Call 715-261-1900.

Return completed forms to:

Marathon County AOD Partnership Council ~ Attn: Staff

1000 Lake View Drive, Room 100 Wausau, WI 54403

Email: [aodpartnershipcouncil@gmail.com](mailto:aodpartnershipcouncil@gmail.com)

FAX: 715-261-1901

Where did you hear about us?

- Website
- Newspaper
- Council Member
- Event/Training
- Other: \_\_\_\_\_

By completing this form, you are agreeing to receive electronic communications from the Marathon County AOD Partnership Council. You will also be listed on the member list unless you check the box below.

- Do NOT list me or my organization as a Council member