

**STEPS TO A HEALTHIER ROCKLAND COLLABORATIVE
MEMBER REGISTRATION FORM**



Name: _____

Title/Position: _____

Name of Organization: _____

Work Address: _____

City/State/Zip: _____

Phone: (W) _____ (C) _____ (H) _____

Email: _____

Language Proficiency: Spanish Creole Hebrew Yiddish Other _____

What are your primary areas of interest:

- | | | | |
|---------------------------------------------|-----------------------------------------------|------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Perinatal/Prenatal | <input type="checkbox"/> Underserved | <input type="checkbox"/> Obesity | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Childhood | <input type="checkbox"/> Populations | <input type="checkbox"/> Asthma | <input type="checkbox"/> Tobacco Use and |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Persons with Special | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Exposure |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Needs | <input type="checkbox"/> Nutrition | |

Are you interested in attending quarterly collaborative meetings: Yes No Other _____

Are you interested in receiving email alerts and reminders from Steps: Yes No Other _____

Would you be interested in joining an action/work group: Yes No Other _____

Other ways you would like to be involved: _____

Community group memberships/affiliations:

- | | |
|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Rotary _____ | <input type="checkbox"/> Sports coach _____ |
| <input type="checkbox"/> School Board _____ | <input type="checkbox"/> Community Agency Board _____ |
| <input type="checkbox"/> Religious Group _____ | <input type="checkbox"/> Civic Group _____ |
| <input type="checkbox"/> Women's/Men's Group _____ | <input type="checkbox"/> Girl/Boy Scouts _____ |
| <input type="checkbox"/> Senior Group/Club _____ | <input type="checkbox"/> Volunteer Work _____ |
| <input type="checkbox"/> PTA _____ | <input type="checkbox"/> Other _____ |

What skills you/your organization might contribute to the collaborative:

- | | |
|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Time _____ | <input type="checkbox"/> Administrative Skills _____ |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Advocacy Experience _____ |
| <input type="checkbox"/> Program planning _____ | <input type="checkbox"/> Human Resources _____ |
| <input type="checkbox"/> Program design _____ | <input type="checkbox"/> Funding Opportunities _____ |
| <input type="checkbox"/> Grant writing _____ | <input type="checkbox"/> Meeting Space _____ |
| <input type="checkbox"/> Event Planning _____ | <input type="checkbox"/> Other _____ |

What can the collaborative do for you: _____