



Lee's Summit CARES Membership Form 2016

Name _____ Date _____

Email _____ Phone _____

Address _____

Business Affiliation _____

Do you currently reside or work in Lee's Summit? _____ Are you a current member of LS CARES? _____

If you are representing an organization, which one? _____

Please select one of the three options below:

1. If you are interested in volunteering for one of Lee's Summit CARES as an **Active** coalition member, please indicate your area of interest below. A member of our staff will contact you with additional information.

Committee Opportunities	Time Commitment	Volunteer Opportunities	Time Commitment
____ Finance Committee	2 hrs, 2x/year	____ Journalist	3 hrs, monthly
____ Marketing Committee	2 hrs, 2x/year	____ Event Coordinator	Varies
____ Partnership to Prevent Risky Behavior	1.5 hrs, monthly	____ Marijuana Education Speaker's Bureau	1 hr, 4x/year
____ Character Committee	1 hr, monthly	____ Office Assistant	1 hr/week
____ Fund Development	2 hrs, quarterly	____ Fundraiser	Varies
____ Business of Character Committee	1 hr, monthly		

2. _____ I am not able to be an active member at this time, but I would like to serve as a **Support** member, providing assistance and services that correspond to my field of expertise and/or interests.

3. _____ I am not able to be an active member at this time, but would like to be added to the **Extended** member emailing list to receive notice of upcoming events, quarterly meetings, training opportunities, progress reports, news alerts and other coalition specific updates.

There is no membership fee. Please bring your application to the next meeting or mail it to:

Lee's Summit CARES
Attn: Rachel Segobia
901 NE Independence Ave.
Lee's Summit, MO 64086

email: rsegobia@rediscovermh.org
Fax: 816-246-8207