



New Member Welcome Packet

Vision

Reduce the impact and stigma of substance use among residents of Clinton County.

Mission

Cohesive partners developing comprehensive strategies involving prevention, education, spirituality, law enforcement, treatment, support, and other recovery services.

Core Values

- Commitment to recovery and sobriety
- Sustainability of a drug- and crime-free lifestyle
- Accountability for our actions and mental health
- Courage to do what is right
- Willingness to be of service to others
- Positive regard for others, especially the vulnerable
- Diversity and inclusion in all that we do

The Take Action Coalition of Clinton County (TAC) is a community-based coalition addressing a spectrum of issues: youth drug prevention, drug overdose prevention, harm reduction, treatment and recovery resources, mental health, and justice-focused initiatives. The coalition serves Clinton County and collaborates with surrounding Illinois counties. We bring together organizations and individuals to identify, discuss, and create comprehensive strategic plans to address substance and mental health related issues. All community members are welcome to participate in the coalition and its meetings.

The Take Action Coalition of Clinton County was formed in 2018 out of concern for individuals and families impacted by substance use having resources and knowing where to find them, reducing stigma associated with substance use disorder, and in providing education to the Clinton County, Illinois communities. In late 2020, Chestnut Health Systems received a Recovery Oriented Systems of Care (ROSC) grant to help the coalition in Clinton County. A Community Health Specialist was hired to coordinate the grant work in Spring 2021. The membership includes multiple agencies, organizations, businesses, parents/guardians, and volunteers. Coalition meetings are typically held on the 3rd Tuesday of every month from 11:00 am – 12:00 pm and may be attended in person or virtually. For more information or to be added to our distribution list, email dsbeckmann@chestnut.org or ncaity@chestnut.org.

Thank you for your interest in our coalition's work. As we expand our community engagement efforts, we are excited to welcome new members, like you. Please join us at an upcoming meeting, and if you're interested in becoming a voting member, complete our letter of commitment and questionnaire. You can also visit our website www.takeactioncoaliton.com, or follow us on Facebook (Take Action Coalition of Clinton County).



Coalition Member Letter of Agreement

The primary responsibility of any member is to support the coalition's vision and mission. Members are encouraged to promote the work of the coalition, share talents, ideas, and resources, offer in-kind contributions, offer donations or sponsorships, help recruit new members, and participate in one of the coalition's committees or work groups.

Please check type of membership:

Organization (print organization's name): _____

Individual (member who does not represent an organization)

If the organization/individual or the Partnership's leadership identifies a need to review conditions of this agreement, a meeting will be arranged to address those issues. Members shall not misrepresent the coalition, its members, or its efforts in any way.

Member Signature: _____

Print Name: _____

Email: _____

Phone: _____

Please return this form in person at a coalition meeting or by email to dsbeckmann@chestnut.org or ncbaity@chestnut.org



Member Interest Survey

What committees, workgroups, or leadership roles interest you? (you can serve on more than one committee or workgroup but only can be one Committee Chairperson or Officer)

- | | |
|---|--|
| <input type="checkbox"/> President | <input type="checkbox"/> Housing Committee |
| <input type="checkbox"/> Vice-President | <input type="checkbox"/> Justice-Focused Committee |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> LGBTQ Committee |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Mental Health Committee |
| <input type="checkbox"/> Celebrate Life Workgroup | <input type="checkbox"/> Prevention & Education Committee |
| <input type="checkbox"/> Overdose Awareness Day Workgroup | <input type="checkbox"/> Transportation Committee |
| <input type="checkbox"/> Family Supports Committee | <input type="checkbox"/> Treatment and Recovery Committee |
| <input type="checkbox"/> Faith-Based Committee | <input type="checkbox"/> Veteran's Support Committee |
| <input type="checkbox"/> Hispanic/Latinx Committee | <input type="checkbox"/> Red Ribbon Week Workgroup |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> NDAFW Week/National Prevention Week Workgroup |

What resources and in-kind contributions can you or your agency offer the Coalition?

- | | |
|--|--|
| <input type="checkbox"/> Website & I.T. | <input type="checkbox"/> Printing and/or material copying |
| <input type="checkbox"/> Hybrid meeting support | <input type="checkbox"/> Funding for events, activities, & merchandise |
| <input type="checkbox"/> Meeting space availability | <input type="checkbox"/> Creative content & material development |
| <input type="checkbox"/> Food/Snacks/Candy for parades | <input type="checkbox"/> Networking & outreach capabilities |
| <input type="checkbox"/> Other: _____ | |

Which sector(s) do you represent in the community (click all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Healthcare Professionals |
| <input type="checkbox"/> Media | <input type="checkbox"/> State/Local/Tribal Government |
| <input type="checkbox"/> Faith-Based Group/Church | <input type="checkbox"/> Substance Use Treatment Agency |
| <input type="checkbox"/> Education/Schools | <input type="checkbox"/> Civic/Volunteer Organization |
| <input type="checkbox"/> Youth Serving Organizations | <input type="checkbox"/> Parents/Guardian/Family |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Person with Lived Experience |
| <input type="checkbox"/> Judicial | <input type="checkbox"/> Recovery Supports |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Service Providers |
| <input type="checkbox"/> Other: _____ | |

Main reason(s) for becoming a member (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Job related/focused | <input type="checkbox"/> Eager to be more involved |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Person with lived experience (self or a family member) |
| <input type="checkbox"/> Interested/concerned citizen | <input type="checkbox"/> Other: _____ |

How did you hear about the coalition? _____

In your community, what do you see as the biggest concern that this coalition could address?

Updated: June 2024

Name: _____ Ph#: _____
Email: _____