Meridian Anti-Drug Coalition (MADC)

Coalition Involvement Agreement (CIA) for Sector Representatives

Sector	Member Name	Organization Name
Parent	*Your Name*	

This agreement between the Meridian Anti-Drug Coalition (MADC) and the *Parent* Sector Representative, *your name* shall be from 4/18/2024 until terminated by mutual accord. This agreement will be re-evaluated on an annual basis.

MADC will be responsible for:

1. Overseeing operations of activities, programs and paid staff.
2. Creating and adhering to MADC by-laws while working to fulfill MADC's mission.
3. Formulating coalition goals and objectives.
4. Contributing to and following a strategic and action plan.
5. Increasing new membership of the coalition while expanding capacity.
6. Creating a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Preventing youth substance use through implementation of environmental strategies.
8. Respecting the rights of MADC members to hold their own opinions and beliefs.

In addition to the MADC responsibilities, serving as a *Parent* Sector Representative *your name*, will be a member of the Coalition Executive Committee (CEC) responsible for:

1. Attending MADC General meetings (monthly, 3rd Thu. at 4pm) *and* the CEC meetings (3pm quarterly- prior to the general meeting unless otherwise posted).
2. Serving as a community leader in prevention and as a positive role model for youth, families and peers amongst the represented sector.
3. Facilitating prevention related communication between the sector represented and MADC.
4. Identifying opportunities within the sector represented to further MADC's mission (i.e. disseminating coalition event information, identifying speaking opportunities and increasing community partnerships).
5. Attending coalition community events and trainings.

SAMPLE

_____ _____ _____

Sector Representative Name Sector Representative Signature Date

_____ _____

Phone Email

_____

Address

Kendall Nagy, MADC Director_____ _____ _____

Coalition Representative Name Coalition Representative Signature Date