

Vision: Because every child deserves hope, the Denton County community dedicates its unified resources to equip our children to reach their full potential mentally, physically, and socially to achieve their maximum personal success.

General Information

Name: _____ Job Title: _____

Professional Licenses / Certifications: _____

Phone: _____ Email: _____

Birthday (month/day): _____ T-Shirt Size: _____

Favorite Quote: _____

Personal interest/goal in joining: _____

Special skills/talents/2nd languages: _____

Current/past community involvement in children's health issues: _____

Of our existing workgroups, I prefer to serve on: (choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Education Workgroup | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Social Marketing Workgroup | <input type="checkbox"/> Nominations Committee |

Organization's Information

Organization's Official Name: _____

Address: _____

Supervisor's Name: _____ Job Title: _____

Brief description (2-3 sentences) of your organization, or bio if individual: _____

Ecosystem Category: (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Academia & Research (colleges) | <input type="checkbox"/> Government (city) | <input type="checkbox"/> Public Health (WIC) |
| <input type="checkbox"/> Advocacy Groups (CASA) | <input type="checkbox"/> Insurers (CHIP) | <input type="checkbox"/> Public Policy (TX Public Policy Foundation) |
| <input type="checkbox"/> Business (for profit organization) | <input type="checkbox"/> Media (radio) | <input type="checkbox"/> School (K-12) |
| <input type="checkbox"/> Elected Official | <input type="checkbox"/> Medical (MHMR) | <input type="checkbox"/> Service Organization (non-profits) |
| <input type="checkbox"/> Faith Based (church) | <input type="checkbox"/> Philanthropy (funding organization) | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Other _____ | | |

May we list your organization as a member in our printed materials, literature and web presence? Yes No

Commitment

_____ is committed to be an active member of Wellness Alliance for Total Children's Health (WATCH). I / we are committed to the vision, goals, objectives and strategies that have been and / or will be decided by WATCH. I / we agree to abide by the coalition Bylaws.

As general evidence of our commitment, I / we agree to the following actions:

1. Appoint a representative to attend coalition meetings;
2. Read coalition and meeting communications materials to keep current with coalition decisions/activities and keep WATCH informed of my/our organization's related activities;
3. Participate in at least one coalition work group to facilitate achieving goals and objectives;
4. Represent the coalition by disseminating relevant information to colleagues, employees and community contacts as appropriate; and
5. Commit my / our organization's resources to support coalition goals and objectives in one or more of the ways outlined below:
 - Volunteer to help with special projects/events (or provide volunteers from my organization);
 - Volunteer to represent WATCH at local health fairs and transport the coalition display;
 - Serve as a Subject Matter Expert in my field;
 - Provide a room for coalition/work group meetings;
 - Represent WATCH by providing children's health education presentations;
 - Participate in coalition awareness strategies (e.g. share social media posts);
 - Other: _____

The benefits of active membership include opportunities to improve children's health by:

- Network and create/maintain mutually beneficial business relationships;
- Partner with others to leverage resources, share costs and generate greater credibility than individual organizations can achieve alone;
- Join other organizations to provide a common voice in public policy advocacy efforts;
- Access the coalition web presence (www.WATCHdenton.org) and other resources such as educational materials, event displays, etc.;
- Be recognized on selective coalition written materials and the coalition web presence and receive annual recognition for community participation.

Acknowledgement and Signature

By completing this form, I acknowledge that acceptance of this application by Wellness Alliance for Total Children's Health (WATCH) of Denton County does not constitute permission to use the logo, name or materials without first receiving approval from the coalition coordinator. I also agree to disclose any conflicts of interest as stated in the Bylaws.

Company or Individual Authorized Representative (Please Print)

Date

Signature

Upon completion, return form to alisa.quimby@cookchildrens.org or fax to 682-885-7286.