



ALLIANCE FOR WISCONSIN YOUTH

LOCAL ALLIANCE MEMBERSHIP APPLICATION INFORMATION

About the Alliance for Wisconsin Youth

The Alliance for Wisconsin Youth (AWY) is a program of the Wisconsin Department of Health and Family Services. The Alliance's membership includes over 100 community coalitions that are working to ensure all of our state's young people grow up in truly positive and nurturing environments. The Alliance provides support to our member coalitions through member sharing, technical assistance, training, information dissemination, and direct funding. An emphasis area for the Alliance is substance abuse prevention.

Qualifications for Alliance Membership

- The local coalition has members from at least five (5) different community sectors (see application form for list of possible sectors) working together.
- The local coalition works together towards a common prevention or positive youth development mission. Note: Single agency Boards of Directors are not eligible to apply to the Alliance for Wisconsin Youth.
- The coalition meets regularly.
- The coalition defines its service area (neighborhoods in large metropolitan areas, a city, town, or village, part or all of a county, or multi-county).

The spirit of coalitions is people working together, representing various agencies or sectors of the community, to achieve a common goal. Much of the work of prevention and positive youth development could not be accomplished without partnerships and coalitions, which join resources together to accomplish more than could be done by any one agency or individual. This is the essence of the AWY – communities collaborating, adults and youth working together, to support and nurture healthy, thriving youth living in healthy communities.

Benefits of Membership

By joining the Alliance, your community coalition gains access to a wide variety of services and resources. For detailed information on the Alliance's services, go to www.allwisoyouth.org, and click on *Member Services*.

- Connect with Other Local Alliances
- Learning and Networking Opportunities
- Technical Assistance, Training, and Consultation
- Grant Programs: Alliance Coalition Improvement Grants; Mini-grants including Family and Community Town Suppers (FACTS), Link 'n Learn, Youth Summit and World Café.
- Scholarships
- Media Partners: Wisconsin Broadcasters Association, Wisconsin Community Papers, Youth Press of Wisconsin
- Alliance-Sponsored Programs: Statewide Youth Leadership Council (SYLC), Youth Press of Wisconsin, Project Forward/Americorps, Youth as Partners in Civic Leadership (YPCL)
- National Affiliation with Community Anti-Drug Coalitions of America (CADCA)

Responsibilities of a Local Alliance ‘Key Contact’

A **Key Contact** is the person representing your Local Alliance to whom all Alliance information is sent. It is the Key Contact’s responsibility to ensure that all local individual members of your Local Alliance receive Alliance information on a timely basis (usually via email forwarding or at local meeting). A Key Contact is to:

- **Update** your Local Alliance’s webpage on the Alliance website. The Key Contact will be given a login Username and Password to access your Local Alliance’s individual webpage to maintain current information.
- **Alert Alliance staff** of any changes to your contact information OR if your Local Alliance designates a new Key Contact Person.
- **Keep the members of your coalition in the information loop.** Copy, distribute or send, and/or email the information we periodically send to you along to your members. Of course, you will need to maintain an accurate contact list of your coalition’s members. You are the Alliance’s link with your coalition; you play a vital role in getting information to everyone in your Local Alliance.

CAUTION: If your Key Contact information becomes outdated, your Local Alliance will miss important information about events, grant and scholarship opportunities, and other announcements.

If your coalition is ready to become a member of the Alliance for Wisconsin Youth, please complete the application form on the following pages and submit to the address provided at the end of the application.

For assistance, call the Alliance office at (608) 296-9960 or Email kathleenp@allwisyouth.org

Vision
Wisconsin youth are healthy,
thriving & engaged citizens.



Mission
Supporting and enhancing the capacity of
coalitions in their prevention & positive
youth development efforts.

ALLIANCE FOR WISCONSIN YOUTH

LOCAL ALLIANCE MEMBERSHIP APPLICATION FORM (Please type or print clearly)

To apply to join the Alliance for Wisconsin Youth as a new local member coalition, please complete the following four steps:

Step One: Record the name of your local alliance.

Local Alliance Name: _____

Step Two: Record the following information about your Local Alliance's Key Contact:

Name: _____

Organization: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Daytime Phone: _____ Fax Number: _____

Email Address: _____

Step Three: Answer the following narrative questions. (Add pages as necessary)

1. When was your local alliance established? Please indicate month and year.
2. What is the mission of your local alliance?
3. What are the goals, objectives and main activities of your local alliance?
4. How do youth and adults work together within your local alliance?

5. Are the activities of your local alliance funded or staffed? If yes, how?
6. What community sectors do members of your local alliance represent? In order for your application to be accepted, at least five (5) different groups must be represented. Check all that apply.

- | | |
|-----------------------------|---|
| Youth | Religious or Fraternal Organizations |
| Parents | Law Enforcement |
| Business Community | Civic & Volunteer Groups |
| Media | Healthcare Professionals, including mental health and substance abuse |
| Schools | State, Local and/or tribal government agencies |
| Youth-Serving Organizations | Other organizations involved in reducing substance abuse |

7. How often does your local alliance meet? Please include meeting dates of the past 12 months, and attach meeting minutes from a recent meeting.
8. Attach a list (example below) of members and their agency affiliations with OPTIONAL email address. If you provide email addresses, we will email Alliance information, announcements, research updates and other resources directly to your members as well as to your Key Contact.

Member Name	Agency	Email Address
Joe Smith	Police Dept – School Liaison	jsmith@internet.net

Step Four: Send Completed Application to AWY one of three ways:

U.S. Mail:

Alliance for Wisconsin Youth
 Kathleen Paynter, Coordinator
 PO Box 10
 Westfield, WI 53964

Email:

kathleenp@allwisyouth.org

Fax:

Attn: Kathleen Paynter (608) 296-2900

Thank you!

We will contact you within two weeks of receipt of this application.

Administrative Use Only		
_____	_____	_____
Approved Date	Staff Initials	Member Number