



PUTNAM COUNTY

HEALTH & WELLNESS COALITION

11250 Old St. Augustine Road Suite 15-314 | Jacksonville, FL | 32257

904-368-5661

ncastillo@ccafl.org

Membership Application

Our Mission: *To empower our community to embrace wellness, increase awareness of the dangers of youth substance use, and actively prevent and reduce the harmful effects.*

Member Expectations: The key to the Putnam County Health and Wellness Coalition (PHWC) is the opportunity for individuals and partners to commit to a unified voice, message, and approach. Members are selected based on meeting PHWC membership requirements and other criteria as determined by PHWC from time to time such as length of time in business, reputation in the community and among peers, capacity to provide services, needs of PHWC at the time of application, leadership and experience, alignment with CCA's values and mission, location of services and other similar factors. For this to be accomplished, to be a part of CCA, selected members are expected to:

1. Attend and participate in scheduled PHWC meetings, trainings, events, and/or workgroups;
2. Share expertise and experience to inform community focused initiatives with other partners to help shape the planning process;
3. Provide leadership in the sector represented;
4. Ensure clear communication between the sector representatives and PHWC;
5. Act as a positive role model for youth, families, and peers;
6. Contribute to the community assessment process; &
7. Participate in sustaining the PHWC's capacity, involvement, and energy.

Membership Application Process: After completing the application, the **Membership Committee** will review your submission within 30 days. If invited to join PHWC as a member, an email will be sent out to schedule an onboarding call along with the next steps and member expectations. If after an interview the PHWC determines the applicant does not meet criteria to be a member, information and feedback on the denial will be provided to the point of contact. PHWC reserves the right to accept or reject applications.

PHWC's power to impact and change people and the community lies in its ability to leverage and mobilize resources, knowledge and talent, so thank you for sharing the information below:

Name: _____

Type of Organization Affiliated With:

☐ PHWC

☐ RCO

☐ Nonprofit

☐ For-Profit



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Reference Point of Contact:

First	MI	Last
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Email: _____

Tel.: _____

Position/Role: _____

Years with Organization: ____

Years in Prevention: ____

Agency/Organization Mission:

Putnam Health & Wellness Coalition (PHWC) Connection:

Please share in the space below how your organization became aware of or was connected to PHWC:

How will your organization benefit PHWC?

How will your organization benefit from PHWC involvement?

Which workgroup are you interested in joining:

- Reduce underage drinking __ Yes__ No
- By supporting reduction of illegal marijuana use and synthetically derived tetrahydrocannabinols
__ Yes__ No
- Media/Membership – assist with expanding membership and employing multi-strategy campaigns



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to promote proven programs and communication techniques. __ Yes__ No

Skills, experience and interests (Please select all that apply to your organization's or personal experience)

- | | |
|--|--|
| <input type="checkbox"/> Administration, not for profit management | <input type="checkbox"/> Personnel, human resources |
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Education, training, instruction | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Public relations, communications, media |
| <input type="checkbox"/> Grant writing, fundraising, development | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Legal, contract negotiation | <input type="checkbox"/> Social media, IT, web design |
| <input type="checkbox"/> Outreach, advocacy | <input type="checkbox"/> Other |

DRAFTED December 12, 2024

REVISED February 14, 2024

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