



Children's Oral Health Coalition
led by
Cook Children's

Children's Oral Health Coalition member application

Mission

To improve the oral health of children in Tarrant County through community collaboration

GENERAL INFORMATION (Please Print)

Name _____ Title _____

Supervisor Name _____ Email _____

Organization (Official name) if any _____

Mailing Address _____

City _____ Zip _____ Business Phone _____

Fax _____ Cell Phone _____

E-mail _____ Website _____

Name of Alternate Representative: _____ Phone _____

Brief Description of your organization (or Bio if individual) Attach separate sheet if necessary

Personal Interest/Goal of joining _____

Special Skills or Talents _____

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

Of our existing sub-committee areas, I prefer to serve on: Community Awareness Legislative Advocacy

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

Return form to:
Elaine Vivens, Coordinator
Children's Oral Health Coalition
Cook Children's Community Health Outreach
801 7th Avenue, Fort Worth, Texas 76104
682-885-6730 (office) | 682-885-4909 (fax)
Elaine.Vivens@cookchildrens.org





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Children's Oral Health Coalition member commitment letter

Mission: To improve the oral health of children in Tarrant County through community collaboration.

_____ agree to be an active member of the Children's Oral Health Coalition (COHC). I/we are committed to the vision, goals, objectives and strategies that have been and/or will be decided by COHC. I/we agree to abide by the Bylaws.

As a sign of our commitment, I/we agree to:

1. Attend coalition meetings every other month or send a representative;
2. Read coalition and meeting communications materials to keep current with coalition decisions/activities and keep the coalition informed of my/our organization's related activities;
3. Take part in at least one committee to help achieve goals and objectives;
4. Represent the coalition by disseminating relevant information to colleagues, employees and community contacts;
5. Commit my/our organization's resources in one or more of the ways checked below:

(Check all that apply)

- Volunteer to help with special projects/events (or provide volunteers from my organization);
- Provide food and/or room for meetings or events;
- Represent the coalition by providing children's oral health education presentations;
- Distribute related information to co-workers, employees and community contacts as appropriate;
- Provide refreshments or incentive items;
- Make a financial gift to the COHC; and/or
- Other: _____

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

- Networking and creating/maintaining worthwhile business relationships;
- Partnering with others to leverage resources, share costs and generate greater credibility than individual organizations can achieve alone;
- Joining other organizations to provide a united voice in public policy advocacy efforts;
- Accessing to resources such as educational materials (many which can be downloaded from our website: <http://www.cookchildrens.org/AboutUs/CHO/ChildrensOralHealthCoalition/Pages/default.aspx>), incentives, event displays, etc.;
- Inclusion on selective coalition written materials and the web (<http://www.cookchildrens.org/AboutUs/CHO/ChildrensOralHealthCoalition/Pages/default.aspx>). Receiving annual recognition for participation.

By completing this form, I acknowledge that acceptance of this application by the Children's Oral Health Coalition 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.

Individual or Authorized Representative of Organization:

Please print name clearly

Date

Signature

