



**MEMBERSHIP APPLICATION FORM**  
**SHASTA COUNTY CHEMICAL PEOPLE, INC. BOARD OF DIRECTORS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Do you or any member of your family benefit in any way financially from Chemical People? Yes \_\_\_ No \_\_\_

1. COUNTY OF LEGAL RESIDENCE: \_\_\_\_\_

2. To ensure broad representation members must represent at least one of the following prevention efforts. Please indicate which of the categories/programs defines your personal, professional, educational, and/or volunteer experience. Check those that apply

- |   |   |
|---|---|
| _____ Community Interest                  | _____ Friday Night Live                       |
| _____ Education                           | _____ Peer Mentoring                          |
| _____ Sober Grad                          | _____ Club Live                               |
| _____ Red Ribbon                          | _____ Other                                   |
| _____ Underage Drinking                   | _____ Professional Services (law, accounting) |
| _____ Fund Raising                        | _____ Parent Programs                         |
| _____ Information/Education Presentations |   |

3. EDUCATIONAL AND PROFESSIONAL BACKGROUND (explain):  
\_\_\_\_\_  
\_\_\_\_\_

4. CURRENT EMPLOYER: \_\_\_\_\_

5. WHAT IS YOUR PERSONAL PHILOSOPHY REGARDING ALCOHOL/DRUG USE/ABUSE?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. HOW CAN YOU CONTRIBUTE TO CHEMICAL PEOPLE BOARD AND THE COMMUNITY? (SKILLS YOU BRING TO THE BOARD)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. GIVE THE NAMES, ADDRESSES, AND PHONE NUMBERS OF THREE (3) LOCAL REFERENCES WE MAY CONTACT:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

I am willing to commit the time and energy required to the Chemical People Board in order for the Board to carry out its' responsibilities.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date