

# Suicide Prevention Coalition Member Agreement Form

Please complete this form to establish membership in the Suicide Prevention Coalition Miami Darke Shelby and any Special Population Task Force. Members are required to re-affirm membership once per year.

\* Indicates required question

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1. Name \*

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2. Email \*

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3. Phone

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4. Organization

If you are representing an organization on the Coalition, please include it here.

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## 5. County \*

If representing an organization, please indicate counties in which you operate; if an individual, please indicate county of residence. Check all that apply.

*Tick all that apply.*

- Miami
- Darke
- Shelby
- Other: \_\_\_\_\_

## 6. Have you ever served in the military?

*Mark only one oval.*

- Yes, currently active
- Yes, former
- Family member
- No

## 7. Special Populations Interests

Please indicate any Special Populations you would be interested in addressing. Check all that apply.

*Tick all that apply.*

- Veterans or Service Members (Active Duty, Reserve, National Guard)
- First Responders
- Caregivers
- Older adults
- Rural
- Youth
- LGBTQ+
- Other: \_\_\_\_\_

## 8. Roles

Please indicate your expected level of involvement with the Coalition. Indications here do not constitute a commitment or promise. Please check all that apply.

*Tick all that apply.*

- Exchange information with other members
- Attend meetings in person or remotely
- Accept leadership role (Chair, Vice-Chair, Treasurer, Secretary)
- Participate in Special Population Task Force
- Lead Special Population Task Force
- Represent the Coalition at events
- Fundraising
- Other: \_\_\_\_\_

## 9. Readiness

In order for Coalition members to speak comfortably, competently and sensitively about suicide, members are asked to demonstrate knowledge of suicide prevention and communication best practices by completing gatekeeper training, prevention basics training, or by equivalent documentation of readiness. Persons who wish to be members of the Coalition but who do not have documentation of readiness agree to complete training within the first year of Coalition membership. Please indicate which of the following you have ALREADY completed (check all that apply):

*Tick all that apply.*

- QPR: Question, Persuade, Refer
- Mental Health First Aid
- ASIST (Applied Suicide Intervention Skills Training)
- VA S.A.V.E. Training
- CALM (Counseling on Access to Lethal Means)
- Hope Squad
- Other: \_\_\_\_\_

## 10. Acceptance of Bylaws \*

By clicking I AGREE, you certify that you have read and agree to abide by the [Bylaws of the Suicide Prevention Coalition Miami Darke Shelby](#).

*Mark only one oval.*

I AGREE

## 11. Acceptance of Code of Conduct

By clicking I AGREE, you certify that you will adhere to rules of decorum in all meetings and proceedings of the Coalition; respect the opinions of others even when they disagree with your own; to encourage the free flow of ideas; to respect diversity of experience and circumstance; and to protect the privacy and dignity of individuals and families affected by or at risk of suicide. You further acknowledge that violations may result in suspension or termination of Coalition membership. [Bylaws Article III, Sections 1-3](#).

*Mark only one oval.*

I AGREE

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