



Jackson County Great Start Parent Coalition



Member Information Form

The purpose of this form is to collect minimal data on the members of the Great Start Parent Coalition to ensure we are reaching a diverse population of people interested in early childhood and to ensure we are utilizing our members in the areas they feel most comfortable.

This information will not be shared outside of the Jackson County Great Start System.

MEMBER INFORMATION (please print all information):

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL (not required): _____

Preferred Method of Contact: Email Mail

Please check the one that applies to you:

- Parent of a child/ren 0-12 years old. Parent of a child/ren 13 years old or older.
- Legal guardian of a child/ren 0-12 years old. Legal guardian of a child/ren 13 years old or older.
- Grandparent Other Family Member Community member interested in the success of children.
- Other: _____

Please list information for children ages 0-12 years old:

AGE: _____ BIRTH MONTH and YEAR: _____

AGE: _____ BIRTH MONTH and YEAR: _____

AGE: _____ BIRTH MONTH and YEAR: _____

AGE: _____ BIRTH MONTH and YEAR: _____

AGE: _____ BIRTH MONTH and YEAR: _____

What kinds of things do you like to do (check all that apply):

- Talk to people Work booths at fun events Help plan events Write thank you notes
- Write letters or emails to Legislators Run a meeting Research information Hang flyers
- Make posters Greet people at meetings Make flyers Design ads
- Speak at a meeting Put packets together Organize activities for children

OTHER: _____

_____ Date Completed: _____