



COALITION FOR HEALTHY  
AND SAFE CAMPUS COMMUNITIES

## **July 1, 2016- June 30, 2019 Membership Agreement**

Due date: Open-ended

The Coalition for Healthy and Safe Campus-Communities (CHASCo) is a group of public and private colleges and universities that collaborate to utilize evidenced-based prevention practices in an effort to strengthen our alcohol and other drug and violence prevention activities. "Membership" to CHASCo is free of charge and open to any public or non-profit higher education institution in Tennessee. CHASCo maintains and pursues funding to support training and prevention initiatives to member institutions through the Tennessee Independent Colleges and Universities Association (TICUA). Those institutions that have completed a current "Membership Agreement" and are adhering to it will be eligible to participate in funding opportunities provided by CHASCo. Please note that non-CHASCo member institutions are always welcome to attend CHASCo meetings, even if they are unable to sign the Membership Agreement.

**CHASCo members will be eligible to apply for participation in grants awarded to TICUA during years 2016-2019. Selected institutions will receive financial awards and other benefits. Please note that participating in funding opportunities is not a requirement of membership.**

### **CHASCo Member Institution Expectations of Involvement to be Eligible for Funding:**

1. Conduct the Core Alcohol & Drug Survey (using CHASCo funds) once every three years as selected and provide results to the coalition for statewide aggregate benchmarking.
2. Give permission to the Core Institute to release Core survey results from your institution to CHASCo's evaluator with an understanding that the school's data will be identifiable by an institution number; however, there are NO individual identifiers for the participants.
3. Complete the annual membership survey if given.
4. Attend a minimum of two of the five yearly Coalition meetings with at least one being offered via webinar.
5. Develop a campus prevention plan once Core data is available and maintain an annual plan with CHASCo.
6. Distribute and reiterate CHASCo prevention listserv messages to appropriate campus staff.
7. Serve on at least one subcommittee (Professional Development, Membership, Programming or Executive).
8. Participate in your local community prevention coalition (as appropriate).

**Adhering to the CHASCo Member Institution Expectations of Involvement qualifies your institution to apply for CHASCo grant funding opportunities.**

**Interested institutions must complete the Application Form and return to:**

**Coalition for Healthy and Safe Campus Communities**

Kayce Matthews, CHASCo Director

1031 17<sup>th</sup> Avenue South

Nashville, TN 37212

matthews@ticua.org

615-242-8033 fax



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## **2016-2019 Membership Agreement Form**

Due date: Open-ended

Please complete this information for the person who will be responsible for overseeing that the terms of this agreement are met (campus CHASCo liaison).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Successful completion of the membership application process will provide your campus with the support listed above and make the compliant institution eligible to apply for additional funds.

I have reviewed the requirements of membership and agree to the terms listed in the membership application. My signature below signifies my willingness to make the most of this membership opportunity for my institution.

\_\_\_\_\_  
Signature of Campus CHASCo Liaison\*

\_\_\_\_\_  
Date

**\*If the Campus CHASCo Liaison is not the dean of students or chief student affairs officer, please complete the portion below.**

I have reviewed the terms of Coalition membership and agree to support the campus CHASCo liaison by allotting time and travel dollars and providing necessary campus leadership support to ensure that the terms of membership are met.

\_\_\_\_\_  
Signature of Chief Student Affairs Officer or Head Administrator

\_\_\_\_\_  
Date