



Strong Families - Thriving Children

## Individual Member Application **2018**

Return to: [dwells@uwyellowstone.org](mailto:dwells@uwyellowstone.org)

Or Mail: Dean Wells, United Way of Yellowstone County, 2173 Overland Avenue, Billings, MT 59102

### CONTACT INFORMATION

Name:			
Phone Number:		e-mail:	
Address:		Zip Code	
Title:			
Work Group Affiliation (see p. 2)			
Values Statement	<p style="color: red; margin: 0;"><b>FOR LEADERSHIP MEMBERS ONLY</b></p> <p style="margin: 0;"><input type="checkbox"/> I have read and agree to the Best Beginnings Values Statement.</p>		

### SIGNATURE:

<i>Typing name here constitutes a signature):</i>	
Date:	

Work Group Affiliation					
	READY FAMILIES	Role	READY CHILDREN	Role	
Check which projects you would like to work on, and what role your organization will play.	<input type="checkbox"/> Referral Hub	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	<input type="checkbox"/> Best Beginnings <input type="checkbox"/> Childcare Training <input type="checkbox"/> Series	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	
	<input type="checkbox"/> Bright By Text	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	<input type="checkbox"/> LENA Pilot project	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	
	<input type="checkbox"/> Gathering Place	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	<input type="checkbox"/> Book Access	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	
	<input type="checkbox"/> Universal RN Home Visiting	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	<input type="checkbox"/> Reach Out and Read	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	<input type="checkbox"/> Readiness Camp	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder	
	<b>STATE COMMITTEES</b>			<input type="checkbox"/> Read To Me Daddy	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder
	<input type="checkbox"/> Insurance billing for home visiting <input type="checkbox"/> Screening for Perinatal Mood and Anxiety Disorders <input type="checkbox"/> Substance Use Disorders in Pregnancy and Neonatal Abstinence Syndrome.			<input type="checkbox"/> Other _____	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member <input type="checkbox"/> Funder
Check all that apply	<b>Leadership</b>		<b>Role</b>		
	<input type="checkbox"/> Work Group Chair				
	<input type="checkbox"/> At Large Member				
	<input type="checkbox"/> Executive Committee		<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member		
	<input type="checkbox"/> Marketing Committee		<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member		
	<input type="checkbox"/> Advocacy Committee		<input type="checkbox"/> Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Member		