## Survey: TEC Member Profile Form 2019

Member Profile Form

Please take a few minutes to complete this Member Profile Form for the San Mateo County Tobacco Education Coalition. Membership renewal is required every December. Please be sure to electronically sign the form at the end of this survey. Thank you.
Name:
Agency/Affiliation (if any):
Street Address:
City/Zip:
Phone Number:
Email:
Former Smoker  Yes  No Other

	all that apply. I am a(n) ric Leader
☐ Yo	uth Leader
☐ Int	rerested Community Member
□ Sa	n Mateo County Health Employee
☐ Co	unty Employee
☐ He	althcare Professional
□ Ele	ected Official
C-I+	
	all that apply. I am affiliated with a(n) spital/Health Care Provider
	dia/Public Relations Organization
☐ Pul	blic/Nonprofit Community Clinic
☐ Ed	ucation Organization
☐ Fai	ith Community
☐ Lav	w Enforcement Agency
☐ Su	bstance Abuse Treatment Organization
☐ Eth	nnically-focused Organization
☐ Co	mmunity-based Organization
□ Vo	luntary Health Organization
☐ Yo	uth Service Organization
□ Ot	her
How di	id you hear about the Tobacco Education Coalition?
In whic	ch region(s) of the county does your organization have programs? Select all that apply.
□ No	
☐ Ce	ntral
☐ So	uth

	Coastside
	N/A
Brie bla	efly describe the services or programs your organization provides. If not affiliated with an organization, leave this section nk.
Wh	at kinds of training or assistance would be helpful to you or your organization in responding to tobacco prevention issues?
	ich category best describes your ethnicity/race?  African American or Black
	American Indian, Alaska Native, or Indigenous
	Arab
	Cambodian
	Caucasian or White
	Chinese
	Cuban
	Fijian
	Filipino
	Guatemalan
	Hmong
	Honduran
	Indian
	Iranian
	Japanese
	Korean
	Laotian
	Mexican
	Pakistani
	Russian

	Salvadoran
	Samoan
	Tongan
	Ukrainian
	Vietnamese
	Another ethnicity/race
Ηον	v do you describe your gender identity?
	Male/Man/Cisgender Man
	Female/Woman/Cisgender Woman
	Female-to-Male (FTM)/Transgender Male/Trans Man/Trans-masculine/Man
	Male-to-Female (MTF)/Transgender Woman/Trans Woman/Trans-feminine/Woman
	Questioning or unsure of gender identity
	Genderqueer/Gender Non-conforming/Neither exclusively male or female
	Indigenous gender identity
	Another gender identity
Wh	ich category best describes your age?
0	Under 18
0	18-29
0	30-39
0	40-49
0	50-59
0	60-65
0	Older than 65

## MISSION STATEMENT:

The mission of the San Mateo County Tobacco Education Coalition is to improve and protect the health and well-being of San Mateo County residents through coordinated community planning designed to minimize the use of tobacco products. This campaign includes general public education about the health effects and costs of tobacco use, prevention activities targeted to specific at-risk populations, support for and referral to model smoking cessation programs throughout the county, and the provision of technical assistance and education in support of public policies that discourage tobacco use. In order to best serve and represent the community, efforts will be made to seek out Coalition members to provide equitable representation in terms of gender, race, age, geography, socioeconomic status and organizational size. Membership to the Coalition will represent the diversity of the San Mateo County community.



## MEMBERSHIP AGREEMENT:

As a Coalition member, I am committed to the mission and goals of the Coalition, and do not have a conflict of interest, such as ties to the tobacco industry or smokers' rights groups. I am not employed by or have a contractual relationship with (full or part-time) an organization whose activities or policies are in opposition to the Coalition's mission. I can express my opinions and participate in Coalition decisions by attending full Coalition meetings or serving on task groups or committees. I agree to abide by the Mission of the Coalition and the by-laws and will act in the best interest of the Coalition. I will abide by decisions made at any Coalition meetings even if I was unable to attend.

Please sign here	
	<u>Clear</u>