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:

Former Smoker

Email:

🗆 Yes

🗆 No

□ Other



Select all that apply. I am a(n)...

- Civic Leader
- □ Youth Leader
- □ Interested Community Member
- □ San Mateo County Health Employee
- □ County Employee
- □ Healthcare Professional
- Elected Official

Select all that apply. I am affiliated with a(n)...

- □ Hospital/Health Care Provider
- □ Media/Public Relations Organization
- Devic Public/Nonprofit Community Clinic
- □ Education Organization
- □ Faith Community
- □ Law Enforcement Agency
- □ Substance Abuse Treatment Organization
- □ Ethnically-focused Organization
- □ Community-based Organization
- □ Voluntary Health Organization
- □ Youth Service Organization
- □ Other

How did you hear about the Tobacco Education Coalition?

In which region(s) of the county does your organization have programs? Select all that apply.

- □ North
- □ Central
- South



- □ Coastside
- □ N/A

Briefly describe the services or programs your organization provides. If not affiliated with an organization, leave this section blank.

What kinds of training or assistance would be helpful to you or your organization in responding to tobacco prevention issues?

Which 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

How 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

Which category best describes your age?

- O Under 18
- O 18-29
- O 30-39
- O 40-49
- O 50-59
- O 60-65
- O 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>

