



Community Member Form

Date:

Name:

Profession (if applicable):

Name of agency you work for:

Email Address:

Phone (optional): work:

cell:

Do you provide a service that would benefit pregnant or postpartum women? Describe:

Do you attend TPDC quarterly meetings regularly? Any topic you would like to hear more about?

TPDC relies on volunteers to fulfill its mission. If you would like to share some of your time with this Coalition, please circle any areas of interest below:

1. Education/Awareness: Community talks about PMAD. Contact community agencies to inquire if a presentation would be desired. Distribute brochures. Host a showing of Dark Side of the Full Moon. Help at a TPDC table at a health fair.
2. Resource management: Create and enhance TPDC forms and outreach tools. Maintain and update data collected at community talks/spreadsheet. Maintain and update resource list including calling existing providers to verify information.
3. Events: Assist in creating and working at an annual fund raising event for the TPDC.
4. Media: Gather relevant PMAD material to be posted on our website or Facebook page.
5. Peer mentor: Be part of developing a model. Be part of training peer mentors. Be a peer mentor for moms with PMAD. Supervise/support a peer mentor.
6. Other:

Kindly return this form by email to carole_sheehan@hotmail.com or hand it in at a TPDC Quarterly meeting. Questions: contact Carole at 520-631-6308

