



Community Members

Date: _____ Name: _____

Profession (if applicable): _____

Do you represent an agency? IF so, agency name: _____

Your email address (please print legibly): _____

Your email address will be used to inform you of upcoming TPDC meetings and occasional news/education activities regarding perinatal mood disorders

Phone number (optional): Cell _____ Work _____

IF applicable, what services do you or your agency offer that would benefit pregnant or postpartum women and their families?

What contact information might we pass on to other organizations or families in order to use your resource?

The ability of TPDC to sustain its mission depends on volunteerism. A list of areas we would like to develop follows. Please circle any that may appeal to you. If you have something else to offer, please write this in at the bottom of the list.

1. Be part of our Education team: Community talks about perinatal mood and anxiety disorders.
2. Distribute information packets and brochures to healthcare providers.
3. Share your story during one of our community talks or event.
4. Host a showing of the film, 'Dark Side of the Full Moon' at your home, office, school, place or work.
5. Work with our Grant Writer.
6. Be part of our Event team: Assist in planning and working at the Event.
7. Work with Excel spreadsheet to record outreach/education data.
8. Analyze data collected at presentations.
9. Maintain and update existing resource list.
10. Gather relevant PMAD news and research for our TPDC Facebook page and website.
11. Create and enhance existing TPDC forms and outreach tools.
12. Apply to serve on the TPDC Board of Directors
13. Other skills you might offer?

Kindly return this form when completed:

1. In Person: to a Board member at a quarterly meeting
2. By Mail: TPDC, c/o Pat Young, 501 S. Pinto Place, Tucson, AZ 85748
3. By Email to: carole_sheehan@hotmail.com

Thank you!