

# Johnson County Alliance for Healthy Kids Member Commitment Letter

***Vision: Johnson County, a community choosing healthy habits to build healthy generations.***

\_\_\_\_\_ commits to be an active member of Johnson County Alliance for Healthy Kids (JCAHK). I/we are committed to the vision, goals, objectives and strategies of JCAHK and I/we agree to abide by JCAHK Bylaws.

As general evidence of our commitment, I/we agree to the following actions:

1. Appoint a representative to attend meetings;
2. Participate in at least one work group to facilitate achieving goals and objectives;
3. Commit my/our organization's resources in one or more of the ways checked below:
  - Volunteer to help with special projects/events (or provide volunteers from my organization);
  - Provide food and/or a room for meetings or events;
  - Represent JCAHK by providing children's health education presentations;
  - Distribute related information to colleagues, employees and community contacts as appropriate;
  - Provide refreshments or incentive items;
  - Make a financial contribution to JCAHK; and/or
  - Other: \_\_\_\_\_

The benefits of active membership include opportunities to improve children's health by:

- Network and maintain mutually beneficial business relationships;
- Partner with others to leverage resources, share costs and generate greater credibility than individual organizations can achieve alone;
- Join other organizations to provide a common voice in public policy advocacy efforts;
- Access to Cook Children's web presence for JCAHK and other resources such as educational materials, incentives, event displays, etc.;
- Be recognized on selective written materials and the web presence, and receive annual recognition for community participation.

**I  do  do not give permission for the organization's name to be placed on printed materials, literature and web presence.**

*By completing this form, I acknowledge that acceptance of this application by Johnson County Alliance for Healthy Kids does not constitute permission to use the logo, name or materials without first receiving approval from the coalition coordinator. I also agree to disclose any conflicts of interest as stated in the Bylaws.*

Company or Individual Authorized Representative:

\_\_\_\_\_  
Please print name clearly

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature