



Monterey Peninsula

www.communityofcaringmp.org

Interest Form

(What can you give and what do you want to get from the Community of Caring)

Name: _____

Organization: _____

Address: _____

E-mail address: _____

This what I can GIVE:

List your resources that can be easily shared with others:

- Space in a facility
- Volunteers
- Opportunities for youth to serve or learn
- Expertise in _____
- Training on _____
- Yes, I would like to showcase how community of caring works in my organization
- I'd like to connect with others on key community issue, program or initiative such as:

_____ *example: schools connecting with community, civic engagement, teen programming*

I'd like to get involved with the following Community of Caring committees:

- Networking Advisory Council
- Communications/Marketing Committee
- Development Committee
- Business Relations Committee
- Technology Committee
- Governance Committee
- Networking Committee

This is what I want to GET:

- Identify community gaps
- Identify overlaps of community programs
- Identify opportunities to work more effectively together as a community
- Public recognition through media
- Attend a Community of Caring training
- Networking with similar organizations
- Networking with other sectors
- Collaborative grant writing opportunities
- Best practices and program ideas
- Guest speakers
- Information Sharing (listserv on computer)
- Acknowledgement of successes through network
- Tool kit to help implement Community of Caring
- Community of Caring banner and decals
- Other _____
- Other _____
- Other _____
- Other _____
- Other _____

ADDITIONAL COMMENTS & IDEAS: