



STEPS Membership Form

Thank you for your interest in the Southington's Town-wide Effort to Promote Success. The STEPS coalition hopes you and many others will join our organization to help children and students thrive in Southington.

1. Contact Information:

Name: _____

Address: _____

Phone number: _____ Email: _____

Employer Information: _____

If a student, what school do you attend? _____ What grade? _____

2. What community sector(s) do you represent?

Youth _____ Parents _____ Clergy _____ Law Enforcement _____

Business _____ Education _____ Youth Serving Organization _____ Media _____

Civic Group/Club _____ Health Care _____ Town Government _____ Other _____

3. Please help us get to know you better.

What **organization(s)** do you belong to? What **business** are you associated with?

4. As a STEPS member, what real world talents will you share? (Please check all that apply)

_____ Public speaking _____ Computer skills _____ Creativity/artistic skills

_____ Fundraising _____ Desire to volunteer

_____ Other (please explain) _____

For students: Are you interested in having a mentor? If so, please tell us what you would want in a mentor, including any skills or careers you want to learn more about. STEPS hopes to pair students with adults who can help them succeed.

"I support the mission and principles of the STEPS Coalition and hereby apply for membership."

Signature

Date

Please return this membership form to:
STEPS, 93 Main Street, Southington, CT 06489