



THE VERNON COALITION
61 Spring Street, 3rd floor, Newton, NJ 07860
Phone 973.383.4787 Fax 973.383.6576
www.centerforprevention.org/vernon.htm



The Vernon Coalition is a grass-roots organization established in June 2010 to specifically and intentionally address the use of drugs among youth in Vernon. Key stakeholders in Vernon including police officers, school administrators, local concerned citizens as well as parents & youth proactively voiced their concerns relating to substance abuse and asked The Center for help. Together, they understood that developing a coalition was going to be the key in changing the culture of drug use in the community. Working together, Vernon Coalition members and staff at The Center applied for and received a federal grant to create a Drug-Free Community coalition for Vernon Township. This cooperative effort is an example of people working together with a shared vision, realizing a drug-free community for everyone.

Our Mission:

To be a proactive force in reducing youth alcohol and other drug use and promoting healthy lifestyle choices, thereby creating a community that is free from the harm caused by alcohol, tobacco and other drugs.

Our Goals

Goal 1: Strengthen community collaboration through:

- Holding monthly meetings and committee meetings as necessary;
- Creating and maintaining a Vernon Coalition presence within Vernon at different venues.
- Increasing The Vernon Coalition's membership, visibility and community involvement.

Goal 2: Reduce substance use among Vernon youth by changing the culture and context in which Vernon youth live to one that does not promote drug and alcohol use through:

- Guide law enforcement and alcohol beverage servers/sellers regarding underage purchasing/consuming laws via TIPS trainings;
- Dispel drug-related myths, such as alcohol being a rite of passage for youth and clarify legalization of medical marijuana via media outreach and education;
- Implement Parents Who Host Lose the Most campaign throughout Vernon;
- Promote 'best practices' guidelines for alcohol beverage sales at community events, local resorts and other venues;
- Investigate the extent to which drug use is being promoted in certain 'hot spots' in Vernon (e.g. abandoned buildings, lake areas, foreclosed real estate) via environmental scans;
- Mobilize youth via implementation of Above the Influence campaign, Sticker Shock and other strategies that have been proven to reduce youth use of drugs.

Objectives

- Learn something new.
- Share information about projects or events.
- Discuss & develop solutions for community issues.
- Learn about coalition work and progress.
- Connect with other community members.
- Request assistance/collaboration to address an issue.

How can you help?

- Join the coalition.
- Educate children about how adolescent drug use leads to addiction, alcoholism and other problems.
- Don't permit youth use of alcohol, tobacco, inhalants, or other drugs.
- Arrange for a responsible adult to monitor your home while you are out of town.
- Initiate, promote and support "alcohol-free" events in your family and community.
- Don't allow unsupervised parties in your home or on your property.
- Educate your children on how to use the internet safely and appropriately.
- Promote recovery resources & help reduce the stigma of addiction by supporting education & awareness of the disease.



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MEMBERSHIP IS FREE

Membership Application (please print)

In applying to become a member of The Vernon Coalition, I agree to support the mission of the coalition by playing an active role in the prevention of alcohol and other drug abuse in Vernon Township, networking with local partners to share information, using opportunities to participate in coalition activities and providing input toward coalition efforts.

Application for: (check one) Individual Membership _____ Organizational Membership* _____

*(For Organizational Membership, please have form completed by organization's primary representative.)

First Name: _____ **Last Name:** _____

Title: _____

Agency or Organization Name: _____

Address: _____ **Suite/Apt/etc.:** _____

City: _____ **State:** _____ **Zip:** _____

Daytime phone: _____ **Mobile:** _____ **OK for us to text you? Yes No**

Email Address: _____

Please explain why you are seeking membership on the coalition:

Please circle which sector(s) of the community you represent: Youth - Parent - Faith-based Organization - School - Business - Local or State Government Agency - Other Organization Addressing Substance Abuse - Law Enforcement - Healthcare - Family or Youth Service Organization - Media - Civic or Volunteer group
Other: _____

Please share any special skill, service or area of expertise you or your organization could bring to the Coalition.

Signature: _____ **Date:** _____

Optional: I would like to support the mission of the Vernon Coalition with my tax-deductible contribution of \$ _____ made payable to The Vernon Coalition c/o The Center.

Please complete this form and return it by mail, fax or email to:

THE VERNON COALITION c/o The Center
61 Spring St., 3rd floor, Newton, NJ 07860

Email: rebecca@centerforprevention.org

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Thank you for your interest and support!