**NCPC PARTICIPANT QUESTIONNAIRE**

(Visit [www.northcoastalpreventioncoalition.org](http://www.northcoastalpreventioncoalition.org) PRIOR to completing to confirm your interest in NCPC programs)

**PERSONAL**

**NAME (LAST, FIRST, MIDDLE)**

**ADDRESS (NUMBER AND STREET)**

**CITY, STATE ZIP**

**EMAIL**

**PHONE**

**COLLEGE/UNIVERSITY ATTENDING (if applicable)**

**MAJOR COURSE OF STUDY (if applicable)**

**DESIRED NUMBER OF VOLUNTEER HOURS**

- **hours total**
- **hours per week**

**DESIRED START DATE**

Click here to enter a date.

**DESIRED COMPLETION DATE**

Click here to enter a date.

**DESIRED SCHEDULE (please list the days and times you would be available)**

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<th>TIME</th>
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<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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**PROGRAM INTEREST AND EXPERIENCE**

**SKILLS YOU MOST WANT TO DEVELOP**

(Check all that apply)

- Research, data analysis and reports
- Public speaking
- Website design or maintenance
- Educational materials development
- Film/video production or graphic design
- Community outreach
- Community needs assessment
- Event planning and coordination
- Grant development

**PREVIOUS EXPERIENCE**

(Check all that apply)

- Microsoft Word
- Microsoft Excel
- Microsoft PowerPoint
- Microsoft Publisher
- Film/Video production
- Graphic design
- Website design or maintenance
- Public speaking
- Bilingual (English/Spanish)
- Tutoring/working with youth

**SOCIAL MEDIA EXPERIENCE**

(Check all that apply)

- Facebook
- Instagram
- Twitter
- Other
PARTICIPANT GOALS

NCPC'S MISSION IS TO REDUCE THE HARM OF ALCOHOL, TOBACCO, MARIJUANA AND OTHER DRUGS IN THE CITIES OF CARLSBAD, OCEANSIDE AND VISTA THROUGH COMMUNITY ACTION, EDUCATION, SUPPORT AND COLLABORATION.

PLEASE DESCRIBE WHY YOU WOULD LIKE TO PARTICIPATE WITH NCPC PROGRAMS:

WHAT SKILLS DO YOU HAVE TO CONTRIBUTE TO NCPC PROGRAMS?

WHAT SKILLS AND/OR EXPERIENCES DO YOU HOPE TO OBTAIN BY PARTICIPATING WITH NCPC PROGRAMS?

DO YOU HAVE ANY PROJECTS IN MIND THAT YOU WOULD LIKE TO BE ABLE TO ACCOMPLISH WITH NCPC PROGRAMS?

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED AT VISTA COMMUNITY CLINIC? IF YES, INDICATE NAME, RELATIONSHIP, AND DEPARTMENT.

Thank you for your interest in the North Coastal Prevention Coalition
Please submit this completed form and email to info@northcoastalpreventioncoalition.org

If you do not receive a response within 5 working days, please contact:

Erica Leary, Program Manager – eleary@vcc.org
OR
Debbie Obregon, Project Assistant – doregon@vcc.org