



Please complete this commitment form to secure your place in the San Fernando cohort. Each local organization is expected to have two people represent them at the meetings and lead the effort within their organization. There is no cost to participate, and space is limited.

Organization Name: \_\_\_\_\_

Person (name and title) authorized to complete this form:

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Contact information for the two people who will participate in the program:

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

About your organization:

1. What is your organization's mission? What do you do?
2. How many paid staff do you have in your organization?
3. How many volunteers do you have?
4. How many members and/or stakeholders do you have direct contact with?
5. What do you hope to accomplish through this process?

*Return this completed form via email to [isabela@drlucyjonescenter.org](mailto:isabela@drlucyjonescenter.org).*