

Social Marketing Evaluation Committee (S.O.M.E.) Profile

Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email:	
Month of Birth	

Please Check only "ONE" Box that Apply to you:

Are you a:	Parent	
	Youth (age 11-24)	
	Professional*	

*Professional is defined as a person who is employed by the System of Care **and** does not require reimbursement for their time to meet on this committee. We consider all professionals if they have children to be parents. For the purpose of being on the Social Marketing & Evaluation (S.O.M.E.) Committee we need to distinguish between professionals and parents.

If so, What is the name of your Agency:

Please check all that apply to you:

What are your interest:

Marketing	
Data	
Computers	
Event Planning	
Teamwork	
Work with Youth	
Work with Parents	
Proofreading	
Sharing ideas	
Technology	
Graphic Artist	
I am creative	
Data Entry at home	
Data Entry in the office	
Community Rep	
Website support	

Like to Draw	
Repair Computers	
Creating Charts	
Reading Charts	
Analysis	
Research	
Serve as Host	
General Helper	
Artist	
Like coordinating colors	
Like puzzles	
I want to share my talents	
Administrative Support	
Attend Seminar/workshops	
Newsletter support	
Write articles	

Is your family in Wraparound:
Have you worked with families/youth with mental health before?
Would you be willing to accept homework assignments from this committee?