

**Annual Accreditation
Renewal Form 2019**



Date:

Name of Chapter: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip: _____

Phone: (_____) _____

Chapter is Considered: School-Based Community-Based

Contact Information

Adult Chapter Contact Name: _____

Email: _____ Organization: _____

If School, Name of Principal: _____

Principal's Email Address: _____

Sponsoring Fiscal Agent School/Agency Name: _____

Address (Street/City/Zip) If Different from Above Mailing Address:

Phone (If Different from Above): _____

Sponsoring Fiscal Agent - The fiscal agent of an Operation Snowball Chapter is legally responsible for the Chapter. The fiscal agent is responsible for financial obligations, insurance, and background checks for volunteers involved in Chapter's events.

Additional Adult Contact Name: _____

Email Address: _____



Youth Director(s) – Youth chosen as directors for the year can also benefit from the information Operation Snowball Inc. has to offer. Please use the following space to include your Youth Director’s information.

Youth Director: _____ **Email:** _____

Youth Director: _____ **Email:** _____

Youth Director: _____ **Email:** _____

Please select the Operation Snowball model your Chapter uses/plans to use this upcoming year:

- | | |
|---|--|
| <input type="checkbox"/> Snowflurry (4 th – 5 th Grade) | <input type="checkbox"/> Snowflake (Middle School) |
| <input type="checkbox"/> Snowball (High School) | <input type="checkbox"/> Segue (College) |

Please select the Training Date(s)/Topic(s) in which in you will attend:

- Teen Mental Health Awareness
LOCATION: North Suburb
DATE: Late February, Date TBD

- Facilitation & Communication Strategies: Discussion Skills for Difficult Topics
LOCATION: South Suburb
DATE: Early March, Date TBD

- ATOD: Strategies to Keep the Discussion Focused on Healthy Decision-Making
LOCATION: Bloomington
DATE: Friday, March 22 OR Saturday, March 23

- Change Leader Academy
LOCATION: Bolingbrook/Naperville/Schaumburg Area
DATE: Saturday, April 6

NOTE: \$20.00 registration fee per person, includes one adult and two youth



Describe the school and/or community being served by your Chapter:

Scheduled training dates for Chapter youth:

Chapter program event dates:

Funded in part by the Illinois Department of Human Services/Division of Substance Use Prevention and Recovery and the
Cebirin Goodman Center

• 937 SOUTH SECOND STREET • SPRINGFIELD, ILLINOIS 62704 • (217) 528-7335 • FAX (217) 528-7340



3 Chapter goals for the calendar year:

1.)

2.)

3.)

Anticipated number of people served:

Scheduled speakers for Chapter events: