



**Operation Snowball Chapter  
New Chapter Form**

**Date:** \_\_\_\_\_

**Name of Chapter:** \_\_\_\_\_

**Street (mailing address):** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County(ies):** \_\_\_\_\_

**This Chapter is considered:**       School-based       Community-based

**Adult Chapter Contact:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Sponsoring Fiscal Agent:**

The fiscal agent of an Operation Snowball Chapter is legally responsible for the Chapter and oversees financial obligations, insurance, and background checks for volunteers involved.

**Sponsoring Fiscal Agent School/Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Additional Contacts:**

If you as the Chapter contact are NOT the person involved in the day-to-day functions of Operation Snowball and/or you have an additional person you'd like to receive OS information and resources please add here:

**Additional Adult Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Youth Directors:**

Youth chosen as directors for the year can 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 plans to use this upcoming year:**

If your high school Snowball youth are involved in a Snowflake or Snowflurry please indicate as *secondary focus*.

- Snowball (high school) ( Primary focus)
- Snowflake (middle school) ( Primary focus  Secondary focus)
- Snowflurry (4th-5th grade) ( Primary focus  Secondary focus)
- Seque (college)

**Please indicate dates for your upcoming major events:**

Major events are considered training days; day/multiple day retreat; campaigns throughout the year that your Chapter and youth are involved in including state and national awareness days, campaigns and/or community events.

Date/Event: \_\_\_\_\_

Date/Event: \_\_\_\_\_

Date/Event: \_\_\_\_\_

Date/Event: \_\_\_\_\_

Date/Event: \_\_\_\_\_

**Additional comments about your OS Chapter activities:**

**How many students would you estimate will be impacted in a school year by your Snowball events/activities?**

\_\_\_\_\_ High School Students

\_\_\_\_\_ Middle School Students

\_\_\_\_\_ Adults

**Training and Technical Assistance Needs:**

As part of your membership benefits Operation Snowball Inc. can provide no cost and low cost trainings/trainers, both on a local and/or regional level as well as phone conferencing meetings to assist in your Chapter development.

**I am interested in being contacted about:**

- Yes  No Receiving co-facilitator skill-building training for my Chapter
- Yes  No Attending a regional training with other schools (skill building for youth/Chapter Leader development)
- Yes  No Phone consultation for my chapter's specific issues
- Yes  No Webinars on topics such as Prevention Standards, Survey/Data Collection, Youth Training ideas, etc.

*Thank you for completing this form and providing information about your Chapter. If you have any needs concerning your Operation Snowball Chapter please call Ron Jakubisin at 217.528.7335 ext. 16 or email [ron@ilabh.org](mailto:ron@ilabh.org) .*

**New Chapter Fee: \$150, membership runs from Jan. 1 – Dec. 31 with an annual renewal fee of \$75**

**Please make check payable to Operation Snowball, Inc. and include this form, a copy of your invoice, and check and send to:**

**OPERATION SNOWBALL Inc.  
937 South Second Street  
Springfield, IL 62704**