



Dear Community Leader:

You are invited to participate as a Facilitator for this year's Neighborhood Coffees program, which is sponsored by the Bernards Township Municipal Alliance, Bernards Township Health Department, and Building YOUTH. This year's theme is "It's 21 for a Reason," and each Coffee is designed to be a place where adults and teens can openly discuss the issues surrounding underage drinking in the community. "It's 21 for a Reason" is a campaign designed specifically for parents to look at the consequences of underage drinking from their perspective. For more information about the campaign, please visit www.bernardsalliance.org.

Coffees will be held during a two-week period from March 21st through April 1st, 2011 in homes throughout the township. We would like to invite you to be a facilitator for one or two Coffees. Your role will be to lead the discussion along with high school students, who will participate as honored guests. The young people will be there not to provide the answers, but to serve as consultants from their generation. Based on past experience, we anticipate that approximately 10-20 people will attend each coffee.

As a facilitator, your responsibilities would be to:

- o Attend a training session on **March 15th** from 3 p.m. – 4:30 p.m. or 7 p.m. – 8:30 p.m. at the William Annin Middle School Media Center.
- o Facilitate one or two coffees; each will last approximately two hours.
- o Complete and submit an evaluation report at the culmination of your Coffee(s).

Thank you in advance for your consideration. To confirm your participation, please return the attached Facilitator Response Form. If you have any questions, please contact Kathy at 908.204.3068 or kathy.kelly@bernards.org. We look forward to working with you on this exciting initiative!

Sincerely,

The Bernards Township Health Department

Lucy A. Forgione

Danielle Cooper

Kathy Kelly



Neighborhood Coffees 2011

Facilitator Response Form

Name: _____

Address: _____

Phone: (H) _____ (C) _____

Email: _____

Training Session (choose one):

_____ March 15 at 3 p.m. / William Annin Media Center

_____ March 15 at 7 p.m. / William Annin Media Center

_____ Yes, I will facilitate, but cannot attend the training session.

I will make arrangements to pick up the materials at a later date.

_____ I do not wish to be a Facilitator.

Please list any dates between March 21th – April 1th (except weekends) that you are NOT available to facilitate a Coffee:

Please return this form by Monday, March 7, 2011.

In person, or U.S. Mail

Attn: Neighborhood Coffees
Bernards Township Health Dept.
262 South Finley Avenue
Basking Ridge, NJ 07920

Fax

908.204.3075

Email

assets@bernards.org

If you have any questions, please contact Kathy at 908.204.3068 or kathy.kelly@bernards.org.

We look forward to working with you!