



Coalition for a Healthy Darke County

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Belief Statement and Membership Form

The mission of the Coalition for a Healthy Darke County is "To bring our entire community together to create and maintain healthy lifestyles for all residents and businesses in Darke County."

The Coalition's vision is for "A healthy, vibrant, safe and secure community that thrives together at home, at school, and at work"

The Coalition and its community partners recognize their role in developing a healthy community, and believe the following statements best describe a healthy community:

1. We believe that when our community agencies collaborate and share resources, each agency will achieve their goals.
2. We believe that everyone deserves to be safe where they live, work and play.
3. We believe that everyone in our community has something important to say, and they deserve to be listened to with respect.
4. We believe that our community works best when everyone is empowered and an active participant.
5. We believe that all community members should value education and literacy.
6. We believe that all community members deserve an equal opportunity to find well-paid, meaningful work to support themselves and their family.
7. We believe that all community members should have access to quality healthcare.
8. We believe that equal opportunities for recreation, fitness, wellness and leisure should be available to everyone in our community.
9. We believe that everyone deserves an opportunity to embrace spirituality that supports community wholeness.
10. The above beliefs apply irrespective of religious leanings, race, gender, sexual preference, politics, and lifestyle to focus on what we have in common.

Membership Endorsement

I / We believe that we live in a community that recognizes that every member of our community should have resources and support to achieve their full potential. I / We endorse the Belief Statement, intend to support it, and request membership in the Coalition for a Healthy Darke County.

Name & Title: _____

Organization (if applicable): _____

Address: _____

Telephone: _____

Email Address: _____

Date _____