

# Healthy Youth Partnership (HYP) Letter of Commitment



On behalf of myself and/or my agency/organization, I, endorse the efforts of Healthy Youth Partnership (HYP). In making this commitment, I/my organization joins other community partners in supporting the mission of the HYP as follows:

The HYP unites and mobilizes key stakeholders to improve the health of youth in the St. Louis region.

I understand that my agency's role will be vital in ensuring the success of this effort and agree to disseminate information to members and constituencies, participate in planning initiatives, and serve as a resource to the partnership. Below are my endorsement and a point of contact/representative for my agency/organization. My agency understands that the Partnership may use the name of our agency on letterhead and any publications regarding the Partnership. Conversely, my agency may identify itself as a member of the Partnership.

If my organization or I have specific areas of expertise or have specific resources/talents to share, I have outlined them in our then our new member application.

*I understand the commitment of time and energy required to serve as a member of the HYP and will fulfill that commitment.*

*Member Signature*

*Month*

*Day*

*Year*

**\* RETURN OPTIONS – READ CAREFULLY \***

(1) If you have Acrobat Reader - *Print and Mail* to address below:

(2) If you have Acrobat Pro - *Save and Email* to:

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