



**Substance Abuse Initiative  
of Greater Cleveland**

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***Drug Free Zones—Neighborhood Anti-Drug Coalition  
Community Service Hours Form***

*Please complete the following:*

**NAME:** \_\_\_\_\_

**WARD:** \_\_\_\_\_

**NEIGHBORHOOD STREET CLUB/ASSOCIATION:**

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**NUMBER OF HOURS DEDICATED TO DRUG FREE ZONES ACTIVITIES:**

Week 1: \_\_\_\_\_

Week 2: \_\_\_\_\_

Week 3: \_\_\_\_\_

Week 4: \_\_\_\_\_

Week 5: \_\_\_\_\_

\_\_\_\_\_ : Total hours for the month.

**MONTH:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

***Please identify types of activities participated in this month. Place an (X) by all that apply. All activities marked should relate to Drug Free Zones strategies:***

**OUTREACH ACTIVITIES:**

- ❖ Contact with fellow residents
- ❖ Distribute Flyers
- ❖ Presentations to other Street Clubs

**COMMUNITY ACTIVITIES:**

- ❖ Street Club Event
- ❖ Drug Free Vigil
- ❖ Drug Free March
- ❖ Drug Free Caravan
- ❖ Youth Activities

**COMMUNITY IMPROVEMENT:**

- ❖ Contact with Building and Housing
- ❖ Neighborhood Beautification Project
- ❖ Contact with Neighborhood Dev. Corp.
- ❖ Contact with Health Department

**PLANNING ACTIVITIES:**

- ❖ DFZ Council Meeting
- ❖ Street Club Meeting
- ❖ Contact with DFZ Chairperson
- ❖ Contact with SAI Staff

**COALITION BUILDING:**

- ❖ Contact with Council person
- ❖ Contact with Clergy
- ❖ Contact with School Officials
- ❖ Contact with Businesses
- ❖ Ward Meeting

**CRIME PREVENTION:**

- ❖ Contact with Fresh Start Police
- ❖ Contact with Commander's Office
- ❖ Contact with District Police
- ❖ Commander's Community Relations Meeting
- ❖ Neighborhood Patrol
- ❖ Court Watch

**EDUCATION/TRAINING:**

- ❖ Disseminate literature to neighbors
- ❖ Attend SAI Trainings
- ❖ Recruit youth for SAI Trainings
- ❖ Youth Mentoring/Tutoring

**OTHER ACTIVITIES:**

- ❖ \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_