



Illinois Coalition Against Domestic Violence

ONE VISION. ONE VOICE.

EMPOWERING WOMEN. EXPANDING AWARENESS. ERADICATING VIOLENCE.

Serving Victims of Domestic Violence Since 1978

Assurances for Members of the Illinois Coalition Against Domestic Violence

If you and/or your agency agree with the following, please sign and email or print out this form and mail to the Director for Operations, ICADV, 801 S. 11th St., Springfield, IL 62703. Please address any questions to ilcadv@ilcadv.org or call (217) 789-2830.

The Illinois Coalition Against Domestic Violence is dedicated to the elimination of violence against women and their children through the following vision:

- To promote** the eradication of domestic violence across the state of Illinois;
- To ensure** the safety of survivors, their access to services, and their freedom of choice;
- To hold** abusers accountable for the violence they perpetrate; and
- To encourage** the development of victim-sensitive laws, policies and procedures across all systems that impact survivors of domestic violence.

The mission of the Illinois Coalition Against Domestic Violence is the following:

To:

- Provide statewide leadership as the voice for survivors of domestic violence and the programs that serve them.
- Change fundamental societal attitudes and institutions that promote/tolerate/condone domestic violence.
- Ensure that women and children have knowledge of and access to all services and opportunities, including crisis telephone counseling, temporary shelter, peer and professional counseling, assistance in obtaining community resources, help to acquire employment skills, work referral, legal advocacy, etc., endeavoring to provide these services locally.

In a way that:

- Respects women's and children's choices and cultural diversity and
- Utilizes all available means:
 - Public policy advocacy,
 - Program capacity and delivery,
 - Community awareness and education,
 - Cooperation with associated agencies, and
 - Partnerships with communities and key stakeholders.

I hereby affirm the commitment of _____
(Name of Organization)

To the specific and primary purposes of the Illinois Coalition Against Domestic Violence, as stated and given above.

Name of Individual or Organization's Representative

Please sign: _____

Date: _____