



One Mission, One Voice



JOIN ICADV

Become a
Friend
today by
submitting your
application.

Why Join ICADV?

Policy Action
Alerts

- Make a difference in the lives of survivors of domestic violence by contacting your legislators and making ICADV's **One Voice** stronger. **ICADV Friends** receive legislative and policy alerts.

Newsletters
and Training
Alerts

- Learn about what is happening within the domestic violence movement, as well as updates on ICADV projects and trainings. **ICADV Friends** receive ICADV's semiannual newsletter, *For Better Times*.

Become Part
Of ICADV'S
**One Mission,
One Voice**

- ICADV's **One Mission, One Voice** is carried out through its Member Agencies, Community Partners and Friends. As an individual, you can become part of that **One Voice**.

Eligibility Criteria

An individual who supports the vision and mission of ICADV may become a Friend of ICADV. Annual dues are \$25

EMPOWERING WOMEN. EXPANDING AWARENESS. ERADICATING VIOLENCE.

www.ilcadv.org



ILLINOIS COALITION
AGAINST DOMESTIC VIOLENCE

One Mission, One Voice

Friend Application Form

I want to be part of the Illinois Coalition Against Domestic Violence.

Date: ____ / ____ / ____

(Your Name - Printed)

Don't forget to send us your signed copy of the *Friendship Assurances* along with this form!

(Phone)

May we add your email to the ICADV Friends listserve?

(Email)

- Yes
- No

(Street Address)

(City) (State) (Zip)

Sit on an ICADV Committee as a Non-Voting Delegate.
See Committee Interest Sheet for more information.

Your \$25 annual contribution supports our public policy work.
Thank you for joining us as we use our collective voice to advocate with and on behalf of survivors of domestic violence.

Payment Information

- Check
- VISA
- MasterCard
- Discover

Friend dues and money donated to fund policy work are not tax deductible. If you wish to make an additional tax deductible donation, you may visit our website or call to ask about charitable giving options.

Credit Card Number: _____

Expiration Date: ____ / ____

Security Code Numbers: _____

Card Holder Name: _____

Amount: _____

How may we acknowledge your friendship in our annual report, Lobby Day handouts, website, etc.?
 By Name Anonymously

**If you are donating additional funds to further advance our policy work, you can write the total amount (including the \$25 membership dues) on the line above. Thank you!*



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Friend Assurances

ICADV is the statewide voice for survivors of domestic violence and their and their children.

ICADV strengthens local service programs.

ICADV educates allied professionals who assist survivors.

ICADV builds public awareness.

Mission and Vision Statements

The Illinois Coalition Against Domestic Violence envisions a statewide community committed to exposing the root causes of domestic abuse and ensuring safety for families by supporting the voices of all survivors.

The mission of the Illinois Coalition Against Domestic Violence is to build networks of support for and with survivors, and advance statewide policies and practices that transform societal attitudes and institutions to eliminate and prevent domestic abuse.

If you agree with the above and you wish to become or remain a Friend of ICADV, please print and sign this form. Submit the completed form along with the rest of your application to:

ICADV, 806 S. College St., Springfield, IL 62704

I, _____ hereby affirm my commitment to the specific
(Printed Name)
and primary purposes of the Illinois Coalition Against Domestic Violence, as stated and given above.

Signature

Date

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ICADV ~ 806 South College Street ~ Springfield, IL 62704
www.ilcadv.org ~ ilcadv@ilcadv.org ~ phone: 217-789-2830



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FRIEND
COMMITTEE INTEREST INFORMATION SHEET

If accepted as a Friend, you may be invited to sit on an ICADV Committee. Invitation is not an automatic benefit of Friendship, but rather will depend on your interests and the needs of ICADV.

We would like to solicit your interests in the work of ICADV’s Committees. **This section of the application is optional**; it needs be completed only if you are interested in joining a Committee. Committees seeking additional participants may contact you should your interests align.

Committees meet regularly in person and/or via phone. Each committee member is expected to participate a minimum of 75% of the committee’s meetings. If approved by a majority of the committee, you will be invited to join as a non-voting committee member. Please do not express interest in a committee unless you intend to participate. You can be a Friend even if you choose not to participate in a committee.

Instructions for this form:

1. Review the provided list of currently active ICADV Committees, considering each Committee’s mission and how it aligns with your own interests and expertise.
2. Choose three Committees that interest you the most, and rank them accordingly. Your first choice will be the committee in which you have the greatest interest.
3. For each choice, answer the questions on the form to explain why you would work well with that Committee.

<u>Committee</u>	<u>Mission</u>
Outreach and Public Awareness	The Outreach and Public Awareness Committee shall oversee the development and implementation of statewide initiatives that support local outreach and awareness efforts. These initiatives will increase the general awareness of domestic violence in society and educate the public on the root causes of domestic violence through a unified statewide voice.
Membership	The Membership Committee shall be responsible for recruitment, orientation, and maintenance of members. This committee reviews membership applications and makes recommendations to the Program Council to expand membership.
Leadership Development	The Leadership Development Committee is responsible for developing leadership skills within the Program Council and for Program Council member agencies. The committee shall create opportunities for this leadership development through training and/or other identified means. Additionally, the committee shall also promote cultural consciousness, while breaking down barriers, educating, cultivating pride, and strengthening a statewide network of support for survivors from diverse backgrounds involved in domestic violence.

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FRIEND COMMITTEE INTEREST INFORMATION SHEET

Advocacy, Funding and Accountability	<p>The Advocacy, Funding and Accountability Committee shall be responsible for advocating on a statewide and national level on issues relating to domestic violence. It shall engage legislators and other key decision-makers, affect change in the judicial system, build a network of allied stakeholders, and organize the outreach and advocacy efforts of ICADV and its members. Additionally, the Committee works to monitor and increase funding for supports and services for those affected by domestic violence from the state of Illinois and the federal government. To these ends, the Committee invites the participation of a diverse membership, including but not limited to ICADV board members, Partner Abuse Intervention Programs (PAIPs), and community partners. The Committee's work is guided by a commitment to ending domestic violence and holding perpetrators, systems, institutions, and society accountable.</p>
Services	<p>The primary functions of the Committee are to oversee the development of the Services Guidelines for Domestic Violence Agencies, and to identify and address emerging trends in service delivery. This committee also determines priority areas for new or significant increases in funding. This committee will oversee the work to strengthen the effectiveness of the resource development and technical assistance.</p>

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FRIEND

COMMITTEE INTEREST FORM
(OPTIONAL: ONLY REQUIRED IF YOU ARE
INTERESTED IN JOINING A COMMITTEE)

If accepted by ICADV as a Friend, I am interested in working with an ICADV Committee.

Date: ____ / ____ / ____

Please refer to the Committee Interest Information Sheet for instructions on completing this form.

(Your Name)

(Phone)

(Email)

The Committee that would be your **first choice** to join is: _____

How would you benefit from working with this Committee? How would this Committee benefit from your participation?

The Committee that would be your **second choice** to join is: _____

How would you benefit from working with this Committee? How would this Committee benefit from your participation?

The Committee that would be your **third choice** to join is: _____

How would you benefit from working with this Committee? How would this Committee benefit from your participation?

Submit with the rest of your Friendship Application materials to ICADV.

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