



One Mission, One Voice

Community Partner Application

First-Time Applicant Form

Our agency wants to partner with the Illinois Coalition Against Domestic Violence. Date: _____ / _____ / _____

Along with this application form, potential Community Partners should submit a packet of materials for consideration. The Partnership **Assurances** page and the **Committee Interest Form** (mentioned below) are included with this application form; copies of these forms can also be found on the ICADV website.

Required Items for Inclusion:

- Signed Partnership **Assurances** page
- Information about your organization
- Agency Mission
- Agency Bylaws
- Your Board of Directors list



Optional:

Would someone from your agency like the chance to work with us on special topics related to our mission?

We have a limited number of seats open on some of our Committees for partners from the community.

To apply for a seat, fill out a **Committee Interest Form**.

(Name of Agency – printed)

(Name of Contact Person – printed)

(Phone Number)

(Fax Number)

(Email Address)

May we put your email on our ICADV listserve? Yes No

(Street Address)

(City)

(State)

(Zip)

Your \$250 annual contribution supports our public policy work.

Thank you for partnering with us as we use our collective voice to advocate with and on behalf of victims and survivors of domestic violence.

How may we acknowledge your partnership in our annual report, Lobby Day handouts, website, etc.?

- By Agency Name Anonymously

Payment Information

Amount: **\$250**

Check VISA MasterCard

Credit Card Number: _____

Expiration Date: _____ / _____

Card Security Code Numbers: _____

Card Holder Name: _____



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Assurances
Community Partner

The Illinois Coalition Against Domestic Violence (ICADV) 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.
- To change fundamental societal attitudes and institutions that promote/tolerate/condone domestic violence.
- To 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.

If you and your agency agree with the above, and wish to become or remain a Community Partner of ICADV, please print and sign this form. Submit the completed form along with your other application materials.

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

Printed Name of Organization’s Representative

Signature

Date



**Committee Interest
Information Sheet
*Community Partner***

If accepted as a Community Partner, a representative of your organization may be invited to sit on an ICADV Committee. Invitation is not an automatic benefit of Partnership, 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 need be completed only if you have a potential representative interested in joining a Committee. Completed forms will be kept on file. Committees seeking additional participants may contact you should your interests align.

Committees meet regularly in person and/or via phone. ICADV expects consistent participation in the meetings from those who accept invitations to sit on a Committee. Please do not express interest in a Committee unless you intend to participate. You can be a Community Partner even if no one from your organization is interested 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 the mission of your organization.
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>
Justice & Accountability	To provide a forum for Partner Abuse Intervention Programs (PAIPs) and to promote an accountable court system.
Men Endorsing Nonviolence (MEN)	To create a statewide initiative to include men as collaborators in efforts to be accountable for promoting safe, respectful, non-abusive relationships.
Marketing & Stakeholders	To develop and implement marketing, communication, and fundraising plans.
Membership	To oversee the recruitment, orientation, and maintenance of members.
Training & Leadership Development	To oversee the ICADV Training Institute; includes annual review of training plan, leadership development activities, and overseeing training policies of the Corporation.
Women of Color	To promote cultural competency, break down barriers, educate, cultivate pride, and strengthen a network of support for women of color involved in domestic violence. Includes women who are Asian/Pacific Islander, Arab/Middle-Eastern, Black/African, Native/Indigenous, and Hispanic/Latin descent.

The person who would like to join an ICADV Committee on behalf of your agency should fill out the form. This may or may not be the same as the Contact Person your agency designates on your membership application.



Committee Interest Form
Community Partner

I am interested in working with an ICADV Committee on behalf of my agency. Date: ____/____/____

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

Agency:

(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 agency's Community Partner Application materials to ICADV.