



One Mission, One Voice



JOIN ICADV

Become a **Community Partner** by submitting your organization's application.

Why Join ICADV?

Being a Community Partner of ICADV gives your organization access to information and resources that will help you better support victims of domestic violence and their children in your day to day work.

Policy Action Alerts

- Receive information about state and national policy impacting domestic violence survivors and what steps you can take to help move it in the right direction.

Training and Education

- Expand your staff's access to knowledge by accessing ICADV online trainings or education materials at **reduced or waived fees**.

Become Part of ICADV's **One Mission, One Voice**

- Become part of ICADV's **One Mission, One Voice** – Community Partners may be invited to sit on one of ICADV's committees.

Eligibility Criteria

Not for Profits, for profits and government agencies that support the vision and mission of ICADV may become Community Partners (CPs) of ICADV. Annual dues are \$250.

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www.ilcadv.org



ILLINOIS COALITION
AGAINST DOMESTIC VIOLENCE

One Mission, One Voice

COMMUNITY PARTNER APPLICATION 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 Yes
on our ICADV listserve? 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.**

Payment Information

Amount: **\$250**

Check VISA MasterCard

Credit Card Number: _____

Expiration Date: ____/____

Card Security Code Numbers: _____

Card Holder Name: _____

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ICADV ~ 806 South College Street ~ Springfield, IL 62704
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COMMUNITY PARTNER ASSURANCES

Our Vision:

ICADV 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.

Our Mission:

ICADV builds networks of support for and with survivors, and advances statewide policies and practices that transform societal attitudes and institutions to eliminate and prevent domestic abuse.

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

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COMMUNITY PARTNER COMMITTEE INTEREST INFORMATION SHEET

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 needs 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. 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 voting committee member. 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>
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.
Advocacy Funding & Accountability	The Advocacy, Funding, & 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

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COMMUNITY PARTNER COMMITTEE INTEREST INFORMATION SHEET

Services	<p>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> <p>The Program Council committee of the Illinois Coalition Against Domestic Violence composed of Program Council member agency delegates. The primary functions of the Committee are oversee the development of the Services Guidelines for Domestic Violence Agencies and 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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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.

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COMMUNITY PARTNER

COMMITTEE INTEREST FORM

If accepted by ICADV as a 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.

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