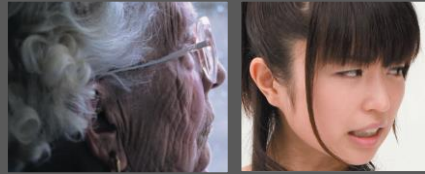




One Mission. One Voice



JOIN ICADV

Become a
**Program Council
Member**

Why Join ICADV?

Being a Program Council Member of ICADV gives your agency access to information and resources that help your program stay strong and support the clients you serve.

Advocacy
Materials

Action
Alerts

Peer-to-Peer
Support

Statewide Regional
Meetings

One on One
Technical

Policy
Development

Training and Public
Education

Have a
Statewide Voice

Eligibility Criteria

Domestic Violence Service Provider: Not for profit organization that provides free, direct, victim-centered services to domestic violence victims and vulnerable family members; 24 hour response by trained staff; access to shelter; and other services.

Partner Abuse Intervention Program: State of Illinois protocol approved program that provides, on a sliding scale, abuser education services by trained staff that include a variety of services which promote the safety of victims and accountability of abusers.

Annual Membership Dues are 1/2 of 1% of the agency's previous year's domestic violence service expenses. The minimum annual membership dues for a Program Council member agency are \$500 with a maximum of \$2500.

For more details visit our website at www.ilcadv.org.

EMPOWERING WOMEN. EXPANDING AWARENESS. ERADICATING VIOLENCE.

www.ilcadv.org

Advocacy
Materials

- Obtain resources that aid you in educating decision-makers about domestic violence issues.

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.

Peer-To-Peer
Support

- Receive peer-to-peer support from other member domestic violence or partner abuse intervention programs.

Retreats and
Regional
Meetings

- Participate in Statewide and Regional meetings where Program Council members share their experiences, discuss ongoing and emerging issues, and brainstorm how to best address needs in the field.

One on One
Technical
Assistance

- Access one on one intensive technical assistance when your program faces a special challenge and you need extra support – via telephone, email and in person.

Policy
Development

- Receive help in development of organizational policies to increase effectiveness of operations and other areas of need.

Training and
Public
Education

- Expand your staff's access to knowledge by accessing ICADV online trainings and over 40 different brochures and posters at reduced or waived fees.

Have a
Statewide
Voice

- Express the needs of your agency and survivors you serve in statewide discussions by participating in one of the many policy and services committees operating through ICADV.



One Mission, One Voice



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ERADICATING VIOLENCE.

New Program Council Member Application

Our agency wishes to join the Illinois Coalition Against Domestic Violence. Date: ____/____/____

Please indicate the type of Program Council Membership for which you are applying:

- Type 1: Domestic Violence Victim Services Provider
 Type 2: Partner Abuse Intervention Program

(Name of Agency – printed)

(Name of Contact Person – printed)

(Phone Number)

(Fax Number)

(Email Address)

(Street Address)

(City)

(State)

(Zip)

With this application, please submit signed copies of the following forms (required unless otherwise noted):

- Membership Assurances** page
 Membership Representatives Designation form
 Photograph Authorization form (optional)

You must also include the following supporting documents with your application:

- Agency information, including mission, bylaws, board of directors list, and organizational information
 Agency's fiscal audit for the previous year
 A letter of support from the nearest ICADV Program Council Member victim services provider program that recommends your acceptance
 Type 1 Members: An affirmation that your agency is in compliance with the standards set forth by the Illinois Department of Human Services and the ICADV in the *Provider Guidelines*, which are available online:
http://www.ilcadv.org/resources/services_guidelines/il_services_guidelines.html



Program Council Agency Representative Form
Complete this form to become an ICADV Program Council Agency.

Step 1 Sign Agreement

PC Agency Name:	City:
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My agency agrees with the ICADV Membership Assurances and wishes to become or remain a Program Council Agency of ICADV. Structure for voting and dues payment outlined below has been approved by the following authorized Program Council Agency Representative:

_____ *Digital Signature of Authorized Representative* _____ *Date*
I understand that typing my name above is the equivalent of an electronic signature.

Step 2 Designate Voting Delegates

Please identify who from your agency will have voting authority on the ICADV Program Council.

- Individuals identified by your agency as an ICADV Voting Delegate will have the authority to bind your agency by vote on any substantive issue by the ICADV Program Council.
- A Primary Voting Delegate must be identified for your agency as the primary ICADV participant.
- All individuals identified below must sign and submit an **ICADV Membership Assurances** form.
- **Individuals below will begin/continue receiving general mailings, information about Program Council meetings, etc. directly from ICADV to their specified email address.**

Voting Delegates	Name	Title	Email
Primary			
1 st Alternate			
2 nd Alternate			
3 rd Alternate			

Step 3 Identify Agency Payment Plan

MEMBERSHIP DUES: Please indicate your payment plan for membership dues. You may pay with check or call ICADV with your credit card information.

Monthly	Quarterly	Semi-Annually	In Full by:	Other:
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ICADV Membership Assurances

Each Voting Delegate assigned by your agency on the Program Council should:

1. Read ICADV's vision and mission statements.
2. Complete and check all of the boxes.
3. Sign agreeing they have completed all the checked items.

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.



(check all)

- I agree with these ICADV Membership Assurances and want to become or remain a Voting Delegate for my agency.
- I have read the ICADV bylaws.
- I agree to adhere to the conflict of interest section of the bylaws.

I hereby affirm the commitment of _____
(Name of Your Agency)

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

Printed Name of Agency's Voting Delegate: _____

Digital Signature: _____ Date: _____

I understand that typing my name above is the equivalent of an electronic signature.



One Mission, One Voice

Photo permissions

Authorization to Publish Photographs

All Voting Delegates identified on your Program Council Agency Renewal Form should:

1. Read the paragraph below to understand what is being asked of them.
2. Fill in your name, agency name and city of agency in the spaces provided.
3. Check one of the two check boxes below.
4. Sign approving the information given above.

To document and record its history, ICADV will take pictures at various events. These pictures may be published in newsletters, flyers, social media, and on the website. Please indicate below if you give ICADV permission to use your photo while you are employed at your current ICADV Program Council agency, or if you do not want any of your pictures used in a public forum. Return completed form with your renewal packet.

Name of Person: _____

Name of Agency: _____

City of Agency: _____

Please check one:

- ICADV has permission to publish my photo(s) while I am employed at above agency.
- ICADV **does not** have permission to publish my photo(s) at any time.

Signature

Date

I understand that typing my name above is the equivalent of an electronic signature.

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