



## Wyoming Coalition Against Domestic Violence and Sexual Assault Program Member Application

**Organization Name:**

**Person Completing the Application:**

**Address:**

**Phone Number:**

**E-Mail:**

**Facebook Address:**

**Organization Service Area:**

**Website Address:**

**Date:**

**Please provide a brief description of your organization, its services, and history:**

### A. We confirm that our program meets the following minimum requirements of the program membership:

- 1. Our primary mission is the provision of services to victims of domestic violence and sexual assault and their dependents.
  - a. Please attach a copy of your organization's mission statement, by-laws, and articles of incorporation if applicable.
- 2. Our organization is located in and provides services in Wyoming.
- 3. We agree to promote the mission statement of the WCADVSA: Through a collective voice, the WCADVSA is committed to provide leadership, education, and systems advocacy to advance social change and end violence.
- 4. We have a written policy on non-discrimination.
  - a. Please attach a copy of your non-discrimination policy.
- 5. My organization commits to the following statement: Practicing anti-racism and anti-oppression work is an ongoing commitment required for membership with the WCADVSA. As oppression is an abuse of power, my organization commits to work to end all forms of oppression and to diligently recognize the inherent relationship between interlocking oppressions in our work to end domestic violence and sexual assault in our communities.
 

Yes       No
- 6. We have a written policy on confidentiality.
  - a. Please attach a copy of your confidentiality policy.
- 7. We are committed to social change, the prevention and intervention of domestic violence, sexual assault, and stalking and to providing viable solutions to address issues of violence.
- 8. We can demonstrate community support for our organization.
  - a. Please attach a letter(s) of cooperation demonstrating community support.

9.  There is not an existing domestic violence/sexual assault organization in the area we serve.  
 or:  
 There is an existing domestic violence/sexual assault organization in the area we serve, and a special population/circumstance exists to justify the necessity for our organization.  
 a. Please attach a statement explaining the purpose for more than one organization in your service area.  
 b. Please attach a support letter for your organization's membership from the existing domestic violence/sexual assault organization.

10. Can your organization, or person within your organization, identify a real or perceived conflict of interest with the WCADVSA? A conflict of interest arises whenever the professional goals, mission or interests of the organization applying for membership are potentially at odds with the best interests of the Coalition.  Yes  No  
 If yes, please explain:

11. Does your organization have the ability to pay the \$750 membership due?  Yes  No  
 a. If no, please explain:

12. Please attach documentation to confirm that your organization:  
 a. Provides direct and immediate access to confidential advocacy services.  
 b. Provides access to emergency shelter services.  
 c. Provides trauma informed advocacy with information about, and referrals to the following:  
 · Primary Prevention  
 · Economic empowerment  
 · Civil and criminal court systems  
 · Legal counsel  
 · Medical advocacy  
 · Social Service financial assistance and support services  
 · Community resource  
 · Mental health system  
 · Law enforcement agencies  
 d. Provides supportive peer counseling, and safety planning for victims.

13. Please attach documentation to confirm that your organization:  
 a. Provides a minimum of 40 hours of training for all paid staff and volunteers prior to working with victims.  
 · Please attach a copy of your 40 hour training curriculum  
 b. Provides staff and volunteers with ongoing training opportunities.  
 · Please provide the training opportunities you plan to provide in the next twelve months

**B. By signing below we agree that our Executive Director or a designee will represent our organization at the WCADVSA membership meetings held three times annually. Additionally, we attest that all the information included with this application is a true and accurate representation of our organization.**

\_\_\_\_\_  
 President of Board/Supervisor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Organization Director/Coordinator

\_\_\_\_\_  
 Date

## **Qualifications**

Programs with an exhibited commitment to the vision and mission of the WCADVSA Community-based program that has a primary purpose to provide comprehensive services for victims of domestic violence, sexual assault, or stalking. The definition of a community-based program is a program that either serves a geographic county area or a program that serves a specific population within a community in Wyoming. Services provided include, but are not limited to: crisis intervention and referral, shelter, advocacy, prevention and education and support counseling. Additionally, the program must not discriminate against individuals for any reason, including but not limited to, age, race, ethnicity, economic status, education, national origin, political affiliation, religion, gender or sexual orientation.

## **Benefits**

- Access to resource materials
- Access to specialized training and technical assistance
- Opportunities to connect Executive Directors and advocates through networking and mentoring
- Opportunities for fiscal resources for victim services and community capacity building when available
- Opportunities for free educational resources when available
- Opportunities to access organizational development and management resources
- Opportunities to connect to the larger prevention and anti-violence movement
- Opportunity to access the Program Member Area of the WCADVSA website
- Opportunity to hold six of the eleven program positions on the Board of Directors
- Opportunity to participate and inform policy processes
- Opportunity to participate in trainings and meetings organized by the WCADVSA
- Opportunity to provide input on the WCADVSA's programs and planning
- Voting rights
- Weekly communications from the WCADVSA

## **Application and Voting Process**

1. The Board of Directors will assess applications for Program Membership to assure that:
  - a. The qualifications are met,
  - b. The Program Member is appropriate for membership in the Coalition, and
  - c. Any conflict of interest, if present, has been addressed. A conflict of interest that cannot be resolved may result in the denial of the application for membership.
2. Once the Board of Directors has determined that the applicant meets the qualifications for Program Membership the application will be submitted to the Program Members for approval. The current Program Members will vote new Program Members into the Coalition by a supermajority vote.
3. This application may be denied for non-discriminatory reasons based on factors and conditions under the WCADVSA by-laws.