



CHECKLIST FOR MEMBERSHIP APPLICATION DOMESTIC ABUSE INTERVENTION PROGRAM

We have reviewed the following:

- Membership Information (application, fees, requirements, LCADV info.)
- LCADV Philosophy Statement
- Louisiana's Minimum Standards for Batterer Intervention Programs
- Membership Benefits

We have included the following with our application:

- Checklist for Membership Application (this form)
- Application Form
- Mission and Philosophy Statement
- Proof of Legal Authority to Operate in the State of Louisiana
- Current Board of Directors or Advisory Board List
- Confidentiality Policy
- Annual Report and/or Agency Brochures
- Documentation regarding Staff Training
- Support Letter from Local Domestic Violence Victim Service Provider

Mail one original completed application with attachments to:

Louisiana Coalition Against Domestic Violence
P.O. Box 77308
Baton Rouge, LA 70816

OR

Email complete application with attachments to: info@lcadv.org

New BIP Member Program Application

Membership Application Form

Please fill out the membership application form and return it to the LCADV office. By signing the membership application, you are indicating that your program will actively support the LCADV philosophy and unity principles.

(If you have satellite offices, please fill out a separate sheet for each location.)

Date of application: _____

Organization: _____

Contact person: _____

Contact person's title: _____

Contact person's email: _____

Organization mailing address: _____

City: _____ State: _____ Zip: _____

Business phone: _____ Fax: _____

Organization web site address: _____

Organization email address: _____

Parish/Areas of Service: _____

(For BIP Program Only)

Year Incorporated: _____ Total Operating Budget: _____

Number of BIP Facilitators: Full Time _____ Part Time _____ Volunteers _____

Number of Administrative Staff: Full Time _____ Part Time _____ Volunteers _____

Please list any state or national accreditations and the year received:

Application for Membership

Louisiana Coalition Against Domestic Violence

_____, which provides domestic abuse intervention
(Name of applicant organization),
programming, hereby applies for membership in LCADV and agrees to commit to all the
responsibilities of membership.

We confirm that we meet the following minimum requirements of membership:

- Our program meets Louisiana’s Minimum Standards for Batterer Intervention Programs
- Battered partners are never mandated to participate in our domestic violence intervention services.
(Please attach agency documents that articulate this philosophy.)
- We have legal authority to operate in the state of Louisiana.
- We have a written policy on non-discrimination that is in agreement with the non-discrimination policy of LCADV. *(Please attach a copy)*
- We have a written policy on confidentiality. *(Please attach a copy.)*
- We can confirm community support for our agency, a working relationship with the justice system and with the other supporting agencies in the parishes we serve.
- We can provide documentation to confirm that we provide batterer intervention services.
(Please attach annual report and/or agency brochures)
- We can confirm a working relationship with the LCADV member domestic violence victim service provider(s) in the parishes we serve. Our working relationship is shown through:

(Check all that apply)

- _____ BIP program is operated by domestic violence victim service provider
- _____ LCADV member victim service provider representative holds a seat on our governing or advisory board
- _____ LCADV member victim service provider staff is allowed to observe BIP sessions
- _____ LCADV member domestic violence victim service provider in our area completes victim follow up for batterers referred to our program
- _____ partnership with local domestic violence program who is member of LCADV is formalized in an MOU (attach MOU if applicable)
- _____ Our program is a member of a local Coordinated Community Response Team
- _____ Other: _____
- _____ Other: _____

The LCADV member domestic violence victim service provider in our area supports this application
(Please attach support letter from victim service provider)

Concerning training of staff and volunteers, we can provide documentation that we:

(Please attach documentation, e.g. agenda or outline of staff training or sample form of what you use to document staff training)

_____ Provide a minimum of 40 hours of victim-centered training for all BIP facilitators prior to working with offenders.

_____ Require facilitators to have at least 40 hours of direct experience co-facilitating batterer intervention groups before leading facilitation of a group.

_____ Require facilitators to have completed a nationally recognized training program in providing batterer intervention services that addresses the dynamics of domestic violence in the context of power and control (e.g. Duluth Model or EMERGE).

We agree to pay the minimum required dues of \$400 due January 1st.

We pledge to uphold the LCADV Philosophy Statement and Principals of Unity.

We agree to allow LCADV to conduct a site visit of our facility if so requested.

WE ATTEST THAT ALL ITEMS CHECKED AND ALL DOCUMENTS ATTACHED ARE A TRUE AND ACCURATE REPRESENTATION OF OUR AGENCY.

President of Board Signature

Executive Director Signature

Date Signed

Date Signed

LCADV MEMBERSHIP DOES NOT GUARANTEE FUNDING FROM ANY SOURCE