



## CHECKLIST FOR MEMBERSHIP APPLICATION

We have reviewed the following:

- Membership Information (application, fees, requirements, LCADV info.)
- LCADV Philosophy Statement
- COQA Standards for Domestic Violence Programs in Louisiana
- Membership Benefits
- Roles and Responsibilities of LCADV Member Programs

We have included the following with our application:

- Checklist for Membership Application (this form)
- Application Form
- Mission and Philosophy Statement
- Proof of Non-Profit Status (501(C)(3) letter)
- Current Board of Directors List
- Documentation of collaboration with existing domestic violence program serving our area
- Non-Discrimination Policy
- Confidentiality Policy
- Annual Report and/or Agency Brochures
- Documentation regarding Staff Training
- Staff Performance Evaluation Tool

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: [mariah.wineski@lcadv.org](mailto:mariah.wineski@lcadv.org)

## New 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: \_\_\_\_\_

Crisis Phone: \_\_\_\_\_

Is this a 24-hour Crisis Line? \_\_\_\_\_

Organization web site address: \_\_\_\_\_

Organization email address: \_\_\_\_\_

Parish/Areas of Service: \_\_\_\_\_

(For DV Program Only)

Year Incorporated: \_\_\_\_\_ Total Operating Budget: \_\_\_\_\_

Number of Direct Service DV Staff: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_

Number of Administrative Staff: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_

Residential Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many beds does your organization have? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application for Membership**  
Louisiana Coalition Against Domestic Violence

\_\_\_\_\_, which provides services for victims of domestic violence, hereby applies for full 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 primary mission is the provision of services to victims of domestic violence and their dependents. (Please attach mission statement.)
- In the spirit of empowerment, we involve the victim/survivor as the primary planners of their own goals and objectives and provide information only to further their understanding of available options. Victim/survivors, therefore, are never mandated to participate in or are excluded from domestic violence services. (Please attach agency documents that articulate this philosophy.)
- We are a non-profit corporation and maintain a physical office in Louisiana. (Please attach proof of non-profit status and a list of your board members.)
- 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 are committed to increasing public awareness about domestic violence and to providing viable solutions to address issues of violence.
- 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 confirm that we work collaboratively with the DV program in our area. (Please attach evidence that you have collaborated with that existing program.) We can defend the need for additional services in that area and can show our ability to raise funds to sustain those services. (Please attach statement of need and sustainability plan.)
- We can provide documentation to confirm that we provide the following services:  
(Please attach annual report and/or agency brochures)

**(Check all that apply)**

- Operate a 24-hour crisis line.
- Provide access to emergency shelter/protective housing through the use of a shelter facility or safe home.
- Provide advocacy with civil court systems
- Provide advocacy with criminal court systems
- Accompany victims to court
- Provide advocacy with legal counsel
- Provide advocacy with medical community

- Provide advocacy with social service financial and support services
- Provide advocacy with mental health system
- Provide advocacy with law enforcement
- Provide information about and referrals to community self-helps groups
- Provide individual counseling for victim
- Provide supportive peer counseling for victims
- Provide safety planning for victims
- Provide children's programming
- Provide sexual assault services
- Provide community-based services for victims/survivors in transition
- Provide systems-based services for victims/survivors in transition
- Provide batterers' intervention program
- Engage in systems advocacy
- Ensure cultural competency
- Operate a supervised visitation center
- Provide transitional housing
- Provide childcare
- Provide direct financial support
- Provide Prevention Programs  
(Please specify: Children      Youth      Adults)
- Participate in local Coordinated Community Response team or Task Force
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

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

- Provide a minimum of 40 hours of training for all paid staff prior to working with survivors.
- Provide a minimum of 40 hours of training for volunteers who interact directly with survivors.
- Include the components of staff and volunteer training as outlined in the COQA Standards for Domestic Violence Programs in Louisiana
- Provide staff with on-going training opportunities through workshops, webinars, and other training opportunities.
- Utilize a staff performance evaluation process.
- Have attached documentation of staff training, e.g., agenda or outline of staff training or

sample form of what you use to document staff training

- Have attached a copy of the performance evaluation tool used

In addition, if accepted as a LCADV member program, our organization agrees to the following:

- The timely payment of required dues as outlined in the membership agreement.
- Our director or a designee will represent our organization at the LCADV Membership Meetings.
- We pledge to uphold the LCADV Philosophy Statement and Principals of Unity.
- We strive to achieve the COQA Standards for Domestic Violence Programs in Louisiana.
- 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**