

SAFE WA Application for Network Membership

Today's date:

Name of Organization:

Address of Organization:

Telephone numbers of Organization-

Daytime:

Evening

Fax:

Name of current Organizational leader:

Email address:

Length of tenure as leader (if less than 6 mo, previous leadership role):

Number of members of the Organization:

Please define your organizations target population:

Ethnic or cultural background that would contribute to the diversity of SAFE WA (optional:

Please note, we ask for this information in order for SAFE WA to represent all families in Washington who parent a child or youth with complex mental health needs. We thank you in advance for responding.)

Please identify how parent and/or youth voice is included in program development, design, implementation, and evaluation?

Which, if any of the following areas of expertise could/would your organization bring to SAFE WA?

Expertise	YES	NO	Explanation if necessary
Advocacy			
Fund raising			
Public Relations			
Marketing			
Grant Writing			
Planning			
Evaluation			
Lobbying			
Public Affairs			
Research			
Social Services			
Community Leaders			
Legislators			
legal advocacy			
other			

List Statewide mental health related boards and/or committees on which your organization members serve:

Does the Organization conduct training locally or Statewide? yes ___ no ____
 If yes, please list the training topics and the potential audience:

Does the Organization provide the following:

Provide	yes	no	explanation
Newsletter			
Information & Referral			
Support Groups			
Education			
Media Alerts			
Other			

Please provide information concerning the structure of your Organization, to include source of funding (if any), governmental structure, e.g., governed by a Board of Directors, Steering Committee, or Advisory Committee, an established 501C-3 Organization, etc.

Does your Organization carry insurance coverage? yes ___ no ____

We ask that our Network members support our Mission Statement:

Statewide Action for Family Empowerment of Washington (SAFE WA), is the united voice of family organizations whose families have children/youth with complex mental health needs. SAFE WA membership agrees to work together recruiting and mentoring families, encouraging collaboration toward mutual goals and organizing networks that will support, educate, and advocate for stronger, healthier families.

Please sign, acknowledging that you a) have read and support the Mission b) received and read the Charter, and c) Membership Policy & Procedures:

Signature: _____

Date: __/__/____