



**Community Builders Network, Inc.
Youth & Adult Partnerships**

Membership Application 2008-2009

Date: _____

Check one: First time member Updating membership Information

What category best describes your coalition? (Check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> SCHOOL | <input type="checkbox"/> YOUTH | <input type="checkbox"/> CIVIC/ VOLUNTEER ORGANIZATION |
| <input type="checkbox"/> HEALTH SERVICES | <input type="checkbox"/> FAITH BASED | <input type="checkbox"/> SOCIAL SERVICES (FOSTER CARE/CPS) |
| <input type="checkbox"/> PARENTS | <input type="checkbox"/> FAMILY | <input type="checkbox"/> LAW ENFORCEMENT |
| <input type="checkbox"/> RECREATION | <input type="checkbox"/> MEDIA | <input type="checkbox"/> MENTAL HEALTH/SA TREATMENT |
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> BUSINESS COMMUNITY | <input type="checkbox"/> JUVENILE JUSTICE/COURT SERVICES |
| <input type="checkbox"/> PRIVATE | <input type="checkbox"/> PUBLIC | <input type="checkbox"/> COMMUNITY |

Check if your Coalition is a 501(C) _____

Check if your Coalition is Incorporated (INC.) _____

Please print or type.

Name of Coalition _____

Meeting Space Address _____

City

State

Zip

Contact Person (may be different from the adult/youth representatives) _____

Coalition's Phone Number _____ Contact Person's E-mail _____

Coalition's Web-Site _____

Only one adult and one youth are to attend the monthly CBN board meetings.

REPRESENTATIVES: I have identified my 2 individuals who will attend these monthly meetings to represent my coalition:

Adult Rep: _____

Youth Rep: _____

Role in Coalition: _____

Role in Coalition: _____

Address: _____

Address: _____

City State Zip

City State Zip

Home Phone #: _____

Home Phone #: _____

Alternate Phone #: _____

Alternate Phone #: _____

E-mail: _____

E-mail: _____

ALTERNATES: I have also identified 2 alternates who will attend the meetings in the absence of my representatives:

Adult Alternate: _____

Youth Alternate: _____

Role in Coalition: _____

Role in Coalition: _____

Address: _____

Address: _____

City State Zip

City State Zip

Home Phone #: _____

Home Phone #: _____

Alternate Phone #: _____

Alternate Phone #: _____

E-mail: _____

E-mail: _____

Please briefly describe what your coalition is doing in the community (this will be included in our member directory)

What areas of Hampton Roads do you serve? _____

Do your youth have leading responsibilities or carry leadership positions in your coalition? NO / YES If yes, please list responsibilities _____

How is your coalition committed to healthy development of children, youth, and families?

In what types of activities within CBN do you think members in your coalition would be interested in volunteering?

What are some of the special resources your coalition has to offer CBN? _____

What are some of your "community concerns"? _____

Number of youth members _____

Number of adult members _____

Number of families your coalition serves _____

Number of youth your coalition serves _____

How did you hear about CBN?

- BROCHURE COMMUNITY EVENT COMMUNITY MEMBER OTHER _____

Office use: Received Grants _____ Date: _____ Other Source: _____ Date: _____ See attached: _____
Grant information: _____