



Buncombe County Voices Committee

Membership Application

Voices members are volunteers with lived experience of domestic and/or sexual violence as an adult or child who join together to celebrate strength and survival and use their voices to help others through advocacy, education, and empowerment. Members of Voices should be safe from ongoing violence, not currently in court proceedings regarding the violence and have actively participated in healing from their experience.

As survivors, Voices members can offer a unique perspective in regards to the community response to domestic and sexual violence and the Family Justice Center and provide survivor input into services and/ or identify gaps in services.

Name: _____

Phone Number: _____ Email Address: _____

What do you hope to gain as part of the Voices Committee?

What do you hope to give as part of the Voices Committee?

I am interested in using my VOICE by: (circle all that apply)

Public speaking

Supporting other survivors

Providing trainings

Coordinating events

Community outreach

Administrative support

Participating in events

Policy Advocacy

Other: _____

I have read and agree to the Voices Group Agreements _____ (Initial)

I can commit to attending at least 4 Voices Meetings a year _____ (Initial)

Signature

Date

Thank you for your interest in serving as part of the Voices Committee! After reviewing your application, either the Family Justice Center Coordinator or the Voices Committee Chair will contact you to discuss further.



VOICES Committee
Sacramento Regional Family Justice Center
3701 Power Inn Road, Sacramento CA 95826
www.hopethriveshere.org



VOICES Survivor Application

The VOICES group is a program of Sacramento Regional Family Justice Center and represents survivors of intimate partner violence and sexual assault who celebrate their strength and survival. The purpose of VOICES is to help advocate for Family Justice Centers (FJC) and multi-agency models. VOICES member provide accountability for the work of the Sacramento Regional Family Justice Center in their implementation of policies and procedures that impact survivors and their children.

I am interested in using my VOICE by:

- Public speaking
- Policy change
- Writing blog
- Social media support
- Participating in outreach events
- VOICES committee
- Fundraising
- Volunteering at the FJC
- Helping with Camp Hope
- Legislation Advocacy
- Other: _____

Special Interest: Are there certain areas of interest that you would like to participate in:

Additional Ideas or Suggestions: _____

Name: _____

Phone: _____ Email: _____

Email application to: bilyeuj@hopethriveshere.org



**VOICES Membership Application
Milwaukee Family Peace Center Chapter**

VOICES is a survivor led network of individuals who want to use their voices to share stories of hope, courage and strength. Members seek to break the silence that enables abusers through advocacy, education and empowerment.

If you're a survivor and are interested in joining, please complete this form and return to Julie Yeado at JulieY@familypeacecenter.org.

Name: _____

Address: _____

Phone Number: (_ _ _) _ _ _ - _ _ _ _ **Is this a safe number? Yes** ___ **No** ___

Email address: _____

What is your connection to the Family Peace Center?

Why are you interested in joining the VOICES Committee?

Thank you for your interest. We will follow up as quickly as possible to discuss next steps.

The Family Peace Center supports an all-inclusive environment.



Voices Application

Name:		Date:
Street Address:	City, State:	Zip:
County:	Phone:	OK to leave message?
Email:	Occupation/School:	If younger than 18, age:
Gender Pronoun?	Primary language/Other languages spoken:	Birth date:

How did you hear about A Safe Place Family Justice Center (ASP-FJC)?

Why are you interested in serving on the Voices Committee?

What is Voices?

Voices is a group of survivors who volunteer their time to celebrate their strength and survival, use their voices to help others through advocacy, education, and empowerment, and lend their unique perspective in informing A Safe Place's programming and identifying gaps in services. The first Voices committee was launched in San Diego in 2002, where its members served as an advisory committee for its Family Justice Center. Since then, Voices committees have been established at FJCs across the country.

Voices is entirely participant-led, and is tailored to meet the unique needs and preferences of its members. Engagement opportunities include, but are not limited, to:

Advocacy

Depending on the preferences of the group, this could involve client advocacy, policy advocacy, and/or advocating for the Center at local government meetings. Some examples might include: Serving on the ASP-FJC Steering Committee; going to court with advocates or offering support to participants who are completing the application for a restraining or protective order; attending City Council or County Commissioner meetings to advocate for an increase in funding when local budgets are being decided; and advocating on behalf of, or in opposition to, a bill that affects survivors.

Public Speaking Opportunities

ASP-FJC is always in need of more survivor stories, and frequently receives requests from other organizations and partners for these as well. If comfortable doing so, Voices members can share their own stories, whether for the media, the keynote speech at an Annual Gala, kicking off a fundraising event, or developing community education programming.

Activities at Participant-focused Events

The agencies at ASP-FJC hold several participant-focused events throughout the year, including Wellness Day and the Holiday "Store." Voices members are invited to attend these events to help with food prep, games, crafts, and general setup and cleanup. For these events, completion of three or more of our Domestic Violence Advocacy Training classes, or our childcare-focused trainings, is required.

Fundraising Events

For some of the agencies operating at ASP-FJC, a significant part of their respective operating budgets come from funds that are raised from individuals, businesses, and foundations. Every year, several fundraising events are held that support the sustainability of ASP-FJC's programs and services. We rely on volunteers to help plan and run these events, and needs include greeting guests, selling raffle tickets, assisting at silent auction tables, etc. These are great opportunities for pairs or groups to volunteer together, and no training is required.

Which of these opportunities, if any, are you most interested in?

Besides the aforementioned examples, are there other opportunities/activities you would like to pursue? If so, what are they?

Please describe specific skills or experience you have that relates to your interest areas, such as previous volunteer experience, activist work, academic work, professional experience, etc.

In consideration of members' safety and healing, we ask that survivors of domestic or sexual violence take time to focus on themselves before volunteering or joining Voices Committee.

Have you experienced emotional, verbal, physical, or sexual violence within the last twelve months? Yes No

Have you accessed services at ASP-FJC in the past? If yes, when? Yes No

Do you have any concerns about working with other survivors? If yes, what are they?

Are you interested in attending all or part of our 45-hour Domestic Violence Advocacy Training Program? Most training sessions take place on Friday afternoons, with an occasional all-day Friday training.

Is there anything else about your experience and interest in serving on the Voices Committee that you would like for us to know?

Thank you for completing this Voices application!

Signature: _____ Date: _____

Send completed application and questions to:

Email: voices@cwsor.org

Phone: 503.655.8600

Fax: 503.655.8601



*1st Judicial District
VOICES Membership Application
Colorado Chapter*

Are you interested in having your VOICE heard? If you meet the participation qualifications, please complete the following form and we'll respond as quickly as possible. Thank you for your interest!

*Please send the completed form to Diane Wall at
dianewall@0t4da.org*

First Name:	Click or tap here to enter text.
Last Name:	Click or tap here to enter text.
Have you read the membership details and do you meet the expectations listed? Choose an item.	
IF No: Please indicate which requirement isn't met below.	
Choose an item.	
Street Address:	Click or tap here to enter text.
City:	Click or tap here to enter text.
State/Province:	Click or tap here to enter text.
Zip/Postal Code:	Click or tap here to enter text.
Email address:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.
Emergency Contact	Click or tap here to enter text.
How did you hear about this committee? Click or tap here to enter text.	
Click or tap here to enter text.	