

Participant Application

CCADV accepts referrals to the Survivor Leadership Committee from our 18 member organizations and select partner organizations across the state. Member advocates or community partner staff may assist a survivor with this application. Please submit completed application to Kelly Anelli, kannelli@ctcadv.org.

Applications will be reviewed on a rolling basis. Individual interviews will be conducted with those selected to move forward. Participation on the committee is on a volunteer basis.

Note About the Applications Questions:

While space is limited, we seek to have a diverse membership with varied lived experiences and backgrounds, as well as representation of survivors from across the state. Several of the questions asked as part of the application process are intended only to help us achieve this goal.

About the Committee and Participant Time Commitment:

As this is a new committee, we anticipate that meetings will be held monthly to start, but in time, group participants may decide that they want to meet less frequently, perhaps every other month. To begin, interested applicants should be available to attend monthly meetings. Meetings will most likely be held in the evening, but that will ultimately be decided by the participants.

We do ask that interested applicants be willing to commit to a two-year participation term on the committee, although individuals can of course end their participation whenever they need to. This will help with consistency, particularly for a new committee as it determines its long-term structure and goals.

Questions:

1. Name: _____
2. Address: _____
3. Email: _____
4. Phone number: _____
5. How do you prefer to be contacted: Phone _____
Email: _____
6. Race/ethnicity: _____
7. Date of Birth: _____
8. Gender Identity: _____
9. Preferred pronouns: _____
10. Languages spoken: _____
11. Do you have any children: Yes No

- a. If Yes, how many? _____
12. What is your highest level of education? _____
13. Are you currently employed? _____
14. What is your household income (Please select one)
- Less than \$25K
 - \$25-\$50k
 - \$50-\$75k
 - \$75-\$100k
 - Above \$100k
 - Prefer not to say
15. Have you ever received services from a domestic violence organization? Yes No
16. If so, what was the name of the organization? _____
17. Availability/ Frequency (Select all that apply)
- Monthly
 - Bi-monthly (every two months)
 - Quarterly
18. If this committee meets in the evenings, are you available? Yes No
19. Do you have transportation? Yes No
20. How comfortable are you sharing your story?
- Very uncomfortable
 - Uncomfortable
 - Neutral
 - Comfortable
 - Very comfortable