



1-866-241-8930

PO Box 5557

Bellevue, WA 98006

Please return completed application to the physical address above, and email one copy to

Curtis Dennis - Executive Director, cdennis@wadads.org

Collaborative Partner Application

Date _____

Organization Name _____

Address _____

Phone _____ Fax _____

Website _____

Name of Current Leader _____

E-mail _____ Cell _____

Length of time in this role _____

Alternate Contact _____

Email _____ Cell _____

Number of Organization members/employees _____

Define your target population _____

Areas of expertise (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Education, instruction |
| <input type="checkbox"/> Personnel, human resources | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Administration, management | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Nonprofit experience | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Outreach, advocacy |
| <input type="checkbox"/> Policy development | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Program evaluation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Other _____ |

Mental health boards or committees that your members/employees serve on:

Please list any local, regional or statewide training that your organization provides:

Ethnic or cultural backgrounds that contributes to organizational diversity:

Please check which of the following the organization provides:

- | | |
|---|---|
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Education/training |
| <input type="checkbox"/> Support Groups | <input type="checkbox"/> Press releases |
| <input type="checkbox"/> Referrals | <input type="checkbox"/> Twitter/Face Book, etc. |
| <input type="checkbox"/> Blog | <input type="checkbox"/> Website Forum |
| <input type="checkbox"/> White papers | <input type="checkbox"/> Data collection reports |
| <input type="checkbox"/> Retreat | <input type="checkbox"/> Conference presentations |

Does your organization carry current liability/board of directors insurance? _____

Please enter the mission statement for your organization:

Thank you for applying to be a WADADS Collaborative Partner, we will be contacting you very soon for follow up and opportunities for working together.