



**CHILDREN'S  
ADVOCACY  
CENTERS**  
OF NORTH DAKOTA

## Application for New Membership

The following information will be used for all general communication and for publication in CACND's website.

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

County/COUNTIES in official service area: \_\_\_\_\_

**Membership Level:**       Accredited       Associate       Affiliate

The following must be submitted with your application:

- Briefly explain your community's commitment to the long-term goal of developing a fully operational Children's Advocacy Center; include community support, development of the task force, multidisciplinary commitment, etc.
- Describe your multidisciplinary team make-up. Is there representation from law enforcement, child protection, prosecution, medical field, victims' advocacy, and mental health services?
- Will victim advocacy, medical and mental health services be provided on-site or through linkages with other appropriate providers? If by other appropriate providers, what is (or will be) their relationship to the Children's Advocacy Center?
- Current annual CAC/MDT budget
- Organizational chart
- Board of Directors membership list
- Multidisciplinary Team member list
- Team protocols or, if protocols have not yet been developed, MOU for each team agency

Please submit your application to:

**CACND**

**200 E Main # 301**

**Bismarck ND 58501**