



The Breathe Network - Organization Member Application Sample

Thank you for applying to join our network of practitioners dedicated to making trauma-informed healing accessible for survivors of sexual violence. Should your organization be invited to join, your responses can be utilized to develop your member page on our website. Your comments serve as a way for our organization and the survivors we serve, to better understand your team's experience and training, philosophy, treatment modalities, and overall sensitivity and responsiveness to the unique needs of sexual trauma survivors. We look forward to reviewing your application!

* Indicates required question

Email

*

Organization Name

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1. Please provide a detailed organizational bio to be included on your member page.

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2. Describe your organization's experience working with survivors of sexual violence + trauma including; services you offer, education + training your team has acquired, research, collaborations, etc.

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3. Describe the treatment modality/modalities offered at your organization.

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4. How does your organization define and practice trauma-informed care?

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5. How do the practitioners within your organization modify or make treatment options flexible to increase safety and accessibility for their clients?

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6. Describe any additional expertise with specific populations/communities or involvement in other social justice spaces that intersect with sexual violence and trauma.

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7. To whom is your organization's practice accountable? That might include your work with mentors and consultants, specific communities or organizations with whom you collaborate and study, or other ways in which accountability and integrity is threaded and bolstered within your practice.

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8. Do you have spots within your practice for sliding-scale clients? What payment options do you offer?

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9. How did you learn about The Breathe Network?

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10. Provide your contact information: email, website, phone, social media handles and business address and/or city and state.

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Please have 3 references (not relatives) complete this form. You can access the form, and either download as a word document, and email to your references, or send them the link below. They are asked to send the completed reference directly to us at: info@thebreathenetwork.org

<https://drive.google.com/file/d/18MK0I9nWFYRWVDn2cG4qE5aLr13bWn0I/view?usp=sharing>

If you are invited to join The Breathe Network, we will request:

-Your organizational logo/photo for your member page

-Tiered annual membership dues based on the size of your organization:

Tier 1 - \$699 (Team of 6 or less)

Tier 2 - \$899 (Team of 7 - 12)

Tier 3 - \$1199 (Team of 13+)

Please see the full tier descriptions here:

<https://drive.google.com/file/d/1Tmf5AbOqFReIKjlzoNEbYZXwtSzzVQ7j/view?usp=sharing>

*Through our fund, Embodying Survivor Justice (ESJ), all BIPOC-led organizations have the option to have their first year of annual dues waived. Simply let us know you would like to utilize this option.