Community Builders Network
Youth & Adult Partnerships

Membership Application

Check One: ☐ First Time Member ☐ Updating Membership Information

What category best describes your coalition? (check one)

☐ SCHOOL	☐ YOUTH	☐ CIVIC AND VOLUNTEER ORGANIZATION
☐ HEALTH SERVICES	☐ FAITH COMMUNITY	☐ SOCIAL SERVICES (FOSTER CARE/CPS)
☐ PARENTS	☐ FAMILY AND YOUTH ASSOCIATION	☐ ENFORCEMENT
☐ RECREATION	☐ MEDIA	☐ MENTAL HEALTH/SA TREATMENT
☐ EMPLOYMENT	☐ BUSINESS COMMUNITY	☐ JUVENILE JUSTICE/COURT SERVICES

Check ☐ if your Coalition is a 501 (C) 3 Check ☐ if your Coalition is incorporated (INC.)

(Please Print)

Name of Coalition: _____

Meeting Space Address: _____

_____

City State Zip

Contact Person: (may be different from the adult/youth representatives) _____

Coalition's Phone Number: _____

Contact Person's E-mail: _____

Coalition's Web-Site/Facebook: _____

I understand that only one adult and one youth are required to attend the monthly CBN meetings ☐

REPRESENTATIVES: I have identified 2 individuals who will attend the monthly meetings to represent my coalition:

Adult Rep: _____
Role in Coalition: _____
Address: _____
_____
City State Zip
Phone Number: _____
E-mail: _____

Youth Rep: _____
Role in Coalition: _____
Address: _____
_____
City State Zip
Phone Number: _____
E-mail: _____

ALTERNATES: I have also identified 2 alternates who will attend the meetings in the absence of my representatives:

Adult Alt: _____
Role in Coalition: _____
Address: _____
_____
City State Zip
Phone Number: _____
E-mail: _____

Youth Alt: _____
Role in Coalition: _____
Address: _____
_____
City State Zip
Phone Number: _____
E-mail: _____

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Please briefly describe your coalition's mission/purpose. (this will be included in our member's directory) _____

_____

_____

_____

_____

What areas of Hampton Roads do you serve? _____

_____

How is your coalition committed to the healthy development of children, youth, and families? _____

_____

_____

_____

_____

_____

What are some special resources your coalition has to offer CBN? _____

_____

_____

_____

_____

What are some of your community concerns? _____

_____

_____

_____

_____

Number of Adult Members in your Coalition _____

Number of Youth Members in your Coalition _____

Number of Families your Coalition Serves_____

Number of Youth your Coalition Serves _____

CBN Mailing Address & Contact Numbers

Community Builder's Network
359 Fenwick Road
Ft. Monroe, VA 23651
cbnpartnership@gmail.com
(757)838-2330 or (757)-788-0012

Tech Support Address

H-NN Community Services Board
Prevention Services
300 Medical Drive
Hampton, VA 23666
(757)788-0012/ (757)788-0967 (Fax)

Office use: Received Grants_____ Date: _____ Other Source _____