



Membership Package: Full Member

Membership is open to community-based organizations that provide direct services to children, youth, families, and/or adults and that:

- Want to work with other community organizations to realize The Federation's mission and vision.
- Commit to improving society through the work of their organization.
- Maintain high ethical standards in service management and delivery.
- Engage in collaborative approaches to service planning and delivery.
- Engage in joint advocacy initiatives.
- Ensure that community and client voice are represented in program delivery and development.

FULL (voting) membership fees are calculated at 0.125% of total revenue from most recent complete financial statements (less flow-through and fundraising) with a minimum payment of \$250 and a maximum payment of \$4,500. For mid-year applications, fees are pro-rated monthly based on application date.

Please refer to The Federation's Constitution and Bylaws for more information regarding criteria for Full (Voting) Membership.

Submitting Your Application

All pages are form-fillable PDFs that can be filled out digitally or as a hard copy. When completed, please send all documentation to The Federation office.

Electronically

Email info@fcssbc.ca with subject line: *Full Membership Application Review*

Hard copy

Attn: Full Membership Application Review
The Federation of Community Social Services of BC
102 – 739 Kings Road, Victoria, BC V8T 1W4



Application for Full (Voting) Membership

To apply for membership, please complete the attached forms and submit the documentation listed below. Please do not submit membership dues until you have been invoiced. Your application will first be reviewed by The Federation Board and then pending any clarifications, they will seek a motion to ratify your membership at the next annual/general meeting of The Federation. General meetings are held in October and February. The Annual General Meeting is held in June.

If your organization IS accredited please submit:

- Application form (attached)
- Reference for membership to be completed by a Federation member agency or a funder that works with your organization (attached)
- A copy of your organization's most recent Accreditation Survey Report
- Most recent audited financial statement or certified statement reflecting total agency budget
- Expectations of Membership form (attached)
- Member Agency Services form (attached)
- Member Oath of Confidentiality (attached)

If your organization is NOT accredited please submit:

- Application form (attached)
- Reference for membership to be completed by a Federation member agency or a funder that works with your organization (attached)
- Mission and Philosophy Policy Manual Indices
- Brief History of your organization
- Society Constitution and By-Laws/ Incorporation certificate
- Most recent audited financial statement or certified statement reflecting total agency budget
- Expectations of Membership form (attached)
- Member Agency Services form (attached)
- Member Oath of Confidentiality (attached)

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Application for Full (Voting) Membership: Page 1 of 3

Agency Information

Agency Name: _____

Incorporation Number/Year Incorporated (if applicable): _____

Society Proprietorship Partnership

Name of Voting Representative: _____

Position Title: _____

E-mail address: _____

Representative Direct Phone: _____ Extension: ____ Cell: _____

Agency Address: _____

City: _____ Prov: _____ Postal code: _____

Mailing Address (if different from above): _____

City: _____ Prov: _____ Postal code: _____

Telephone Number: _____ Fax Number: _____

Agency Website: _____

Agency Public E-mail address: _____

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Agency Region(s)

The Federation hosts Regional Meetings in advance of our three Provincial General Meetings each year. Please specify the region of your agency's office location, as well as any other region(s) for which you would like to receive meeting invitations and region-specific information. Please note that **Vancouver Coastal** includes the Vancouver/Richmond and Coast/North Shore MCFD regions and **Fraser** includes the East Fraser, South Fraser, and North Fraser MCFD regions.

North Interior Fraser Vancouver Coastal Vancouver Island

Membership Fee

The FULL (Voting) membership fee is calculated at 0.125% of your total revenue from your most recent completed financial statements less flow through and fundraising with a minimum payment of \$250 and a maximum payment of \$4500.00. Please refer to The Federation Constitution and Bylaws for Full (Voting) Membership definition and criteria.

Total Revenue: _____ x 0.125% = Membership Fee: _____
Based on Revenue from your most recent completed financial statements less flow-through & fundraising.

Memberships are valid April 1 to March 31. Please do not submit your cheque at this time. Upon acceptance of your application, The Federation office will invoice you. Mid-year application fees are pro-rated monthly by date of application.

Signature

Date of application

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Application for Full (Voting) Membership: Page 3 of 3

Agency Status

What is your agency's unionization status? Please select one of the following.

- Fully Unionized Partially Unionized Not Unionized

Is your agency accredited?

- Yes No

If yes, who are you accredited through?

Is your agency a part of any other associations? Please list them.



Reference for Full (Voting) Membership

Name of Reference: _____

Organization of Reference: _____

The applicant has applied for membership with The Federation of Community Social Services of BC. The Federation represents a membership of over 130 agencies who provide support to individuals and communities across BC. Since 1982, we've been strengthening and supporting our members and BC's community services sector by networking, exchanging information, building skills, and consistently bringing a balanced perspective to discussions with decision makers.

Do you believe the applicant provides quality services that will be reflective of the high standards promoted by The Federation?

In your opinion, what are the strengths of the applicant organization?

Do you have any concerns with the applicant organization's membership in The Federation?

Signature: _____ Date: _____

NOTE: A reference must be supplied with application materials. This reference form must be completed by a current Federation member. If this cannot be obtained, then a reference from a representative funder who works with the applicant organization will be considered.

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Member Agency Services

Agency Name: _____

Please check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Aboriginal, First Nations & Métis Programming | <input type="checkbox"/> Employment Services: Youth | <input type="checkbox"/> Services for Older Adults |
| <input type="checkbox"/> Adoption Services | <input type="checkbox"/> Family Resource Programs | <input type="checkbox"/> Sexual Abuse: Adults |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> FAS Programming | <input type="checkbox"/> Sexual Abuse: Children |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Foster Caregiver | <input type="checkbox"/> Sexual Abuse: Youth |
| <input type="checkbox"/> Autism Services | <input type="checkbox"/> Housing/Housing Supports | <input type="checkbox"/> Street Outreach: Adults |
| <input type="checkbox"/> Childcare Resource/Referral | <input type="checkbox"/> Immigrant/Refugee Programming | <input type="checkbox"/> Street Outreach: Youth |
| <input type="checkbox"/> Childcare/Afterschool Care | <input type="checkbox"/> Infant Development | <input type="checkbox"/> Supervised Access |
| <input type="checkbox"/> Community Capacity Building/Community Development (e.g. volunteer services, public education, workshops, research projects) | <input type="checkbox"/> Information Centre/Resource Centre | <input type="checkbox"/> Support to parents and families involved in child protection services: Referral only children under six years |
| <input type="checkbox"/> Community Centre/Neighbourhood Centre | <input type="checkbox"/> Justice Programs: Adults | <input type="checkbox"/> Support to parents and families involved in child protection: Referral only children over six years |
| <input type="checkbox"/> Counselling: Youth | <input type="checkbox"/> Justice Programs: Youth | <input type="checkbox"/> Support to parents and families involved in child protection: Open Access with children under six years |
| <input type="checkbox"/> Counselling: Adults | <input type="checkbox"/> Life Skills: Adults | <input type="checkbox"/> Support to parents and families involved in child protection: Open Access with children over six years |
| <input type="checkbox"/> Counselling: Children | <input type="checkbox"/> Life Skills: Youth | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Counselling: Families | <input type="checkbox"/> Literacy | <input type="checkbox"/> Victim Services |
| <input type="checkbox"/> Crisis Lines | <input type="checkbox"/> Materials Assistance (food, clothing) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disabilities: Children | <input type="checkbox"/> Mental Health: Children | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disabilities: Youth | <input type="checkbox"/> Mental Health: Youth | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disabilities: Adults | <input type="checkbox"/> Mental Health: Adults | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disabilities: Families | <input type="checkbox"/> Mentoring Services: Adults | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disaster/Emergency Response | <input type="checkbox"/> Mentoring Services: Youth | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Domestic Violence: CWWA | <input type="checkbox"/> Problem Gambling Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Domestic Violence: SW | <input type="checkbox"/> Problematic Substance Use: Adults | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Domestic Violence: Transition House | <input type="checkbox"/> Problematic Substance Use: Children | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Problematic Substance Use: Teens | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Education Programs: Youth | <input type="checkbox"/> Residential: Children | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Education Programs: Adults | <input type="checkbox"/> Residential: Youth | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employee Assistance Programs | <input type="checkbox"/> Respite | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employment Services: Adults | <input type="checkbox"/> School-Based Supports | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Services for GLBTQ2S Community | <input type="checkbox"/> Other: _____ |



Expectations of Membership

The Federation represents over 130 community service organizations from rural, urban, and suburban communities throughout BC.

By joining The Federation, you stand with us as we work to improve the wellbeing of British Columbians.

As members of The Federation we:

- Understand and uphold the goals and objectives of The Federation.
- Work with The Federation to create positive change to BC's social policies and community programs.
- Participate in Federation events, initiatives, and learning opportunities.
- Collaborate to advise and inform on changes within the social care sector.
- Provide information about our organization and services to assist in mapping the sector to advance The Federation's mission and vision.
- Contribute to BC's social care landscape by providing comprehensive, responsive, high-quality services and supports.

I _____, as voting Representative to The Federation for my organization, agree to uphold the expectations of membership outlined above.

Signature: _____ Date: _____

PLEASE NOTE: Should you no longer remain the Representative as per Federation Bylaw 2.3.2, you must notify The Federation office who will send the appropriate forms to be completed for a new Representative.

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Federation Operational Policy

Section B: Membership & Member Relations

Policy Number: B4

Subject: Information Sharing & Confidentiality Requirements

Effective Date: 1 April 2016

Revision Date(s):

Information Sharing & Confidentiality Requirements

Purpose

To ensure an open information-sharing process and to promote a sense of community, sharing and support within a structured process, while protecting the interests of members that share information.

Policy Statement

Federation members will be encouraged to share all of the information pertinent to the topic at hand as appropriate. Federation members and guests will not disclose any information pertaining to, or derived from Federation operations without the express consent of the source.

Procedure

1. Federation members will be afforded opportunities to share information pertinent to topics being discussed during meetings or other activities of The Federation. Information shared during meetings or other Federation activities is considered to be confidential unless specifically indicated otherwise by the individual sharing the information.
2. Federation members are required to maintain the confidentiality of Information pertaining to, or derived from Federation meetings without the express consent of the source. This includes any and all information shared at general meetings.
3. A Federation member must seek the consent of the source of the information prior to sharing it outside of The Federation's membership or staff person.
4. Oath of Confidentiality
 - a. Upon acceptance of membership, each member must sign an 'Oath of Confidentiality.' (See Appendix F—Oath of Confidentiality for Federation Members.)
 - b. Any guest who attends all, or portions of~ a meeting in which confidential information will be discussed, will be informed of the confidentiality requirements. Guests may be asked to sign an "Oath of Confidentiality" at the discretion of the Chair of the meeting. (See Appendix D—Oath of Confidentiality for Invited Guests.)



Oath of Confidentiality

For Federation Members

I, _____, _____
(Name) (Title)

(Agency)

Will ensure that all sensitive, proprietary, and/or personal information gathered and maintained by The Federation is kept confidential. Any releases of confidential information pertaining to Federation business must comply with all legal requirements.

I have specifically read Operational Policy B4—Information Sharing & Confidentiality.

This Oath of Confidentiality has been signed on _____, and is valid as long as I am the representative of my agency to The Federation of Community Social Services Society of BC.

Signature

Representative of The Federation's Signature

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