

## Default Question Block

# R4 Alliance Member Application



Thank you for your interest in joining the R4 Alliance family of Programs of Excellence serving Our Military Family!

These questions are not intended to automatically qualify or disqualify applications. The following questions are simply a means for R4 Alliance to become more familiar with applying organizations as we consider new membership.

If you have any questions regarding this application, or about R4 Alliance in general, please contact

Bert Gillette  
Director of Operations  
[bert@r4alliance.org](mailto:bert@r4alliance.org)  
855-474-2554x703

or visit our site at: [www.r4alliance.org](http://www.r4alliance.org)

### INSTRUCTIONS:

- WE STRONGLY SUGGEST saving all text responses in a Word document in case of a connection failure. This way if information is lost, you can cut and paste your previous responses into a new form.
- You will have 2 weeks to complete the application
- If you exit the application before it is complete, your information will automatically be saved for 2 weeks.
- To return to a partially completed application ,you must use the same computer / IP address.
- You can use the BACK button to return to a previous page.
- We anticipate this application will take about thirty minutes to an hour to complete.
- Once your application is submitted, a member of the R4 Alliance team will reach out to you.

- If you have ANY problems accessing an application in progress, contact bert@r4allaince.org, and you will receive a direct link to pick up where you left off.

## General Information

Organization Name

Your Name

First

Last

Email

Email\${q://QID21/ChoiceTextEntryValue/1}

Confirm Email

EIN

Organization's Website

Your Job Title

Work Phone

Mobile Phone

Preferred Phone Type

- Work
- Mobile

Alternate Phone Type

- Business
- Mobile
- Home

Mailing Address

Street/PO Box + Suite/Apt#	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>

Social Media Links (PLEASE COPY AND PASTE THE URL)

Facebook	<input type="text"/>
Twitter	<input type="text"/>
LinkedIn	<input type="text"/>
Instagram	<input type="text"/>
YouTube	<input type="text"/>

Is your organization a registered 501c3?

If you are a nonprofit who has not yet attained a 501c3 your application can not be considered until you receive you 501c3 declaration letter

If your organization is a for profit entity, we would love to consider a partnership. Contact [info@r4allinace.org](mailto:info@r4allinace.org)

Age

Year Founded

Please provide your organization's mission statement.

Please provide a brief (100 word or less) description of your program(s) serving Our Military Family.

*(THIS WILL BE USED ON OUR WEBSITE TO DESCRIBE YOUR PROGRAM(S)).*

*\*Our Military Family: Veterans, Active Duty, Families, Caregivers)*

Please provide a brief history of your organization.

## Volunteer, Staff, and Board Information

How many employees does your organization have?

(If you are an all volunteer organization, write N/A.)

Are there members of Our Military Family in key staff/volunteer positions?  
(\*veterans, active duty, family members, caregivers)

- Yes  
 No

Please list the credentials of any staff and/or key volunteers who deliver services directly to your participants.

Please list the full name and title for each member of your board of directors.

1	<input type="text"/>
2	<input type="text"/>

3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>
7	<input type="text"/>
8	<input type="text"/>
9	<input type="text"/>
10	<input type="text"/>
11	<input type="text"/>
12	<input type="text"/>
13	<input type="text"/>

Are bios on each of your board/staff members available on your website?

- Yes
- No

Is there representation from Our Military Family on your board of directors?

- Yes
- No

Do you utilize community volunteers to help deliver your services?

Approximately how many active volunteers does your organization have?

Does your organization provide training to your volunteers?

Please briefly describe your volunteer training program.

## Participant Details

Please select the demographic(s) that best fit the members of Our Military Family you serve.  
(Select all that apply.)

 Veterans Active Duty Branch Specific Spouses Caretakers Children Family Programs Families of the Fallen Other Men Women Other (please list below)

What qualifying criteria is required for participation in your programs for Our Military Family?

What specific branch(s) of the Military do you serve?

 Army Air Force Navy

- Marines
- Coast Gaurd
- National Guard/Reserves
- All

What (if any) injuries or illnesses do the service members you serve typically present?

(Click all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> All Physical Injuries         |
| <input type="checkbox"/> Post Traumatic Stress  | <input type="checkbox"/> Substance Abuse               |
| <input type="checkbox"/> Military Sexual Trauma | <input type="checkbox"/> Other Psychological Illnesses |
| <input type="checkbox"/> Spinal Injuries        | <input type="checkbox"/> Caregiver Fatigue/ Self Care  |
| <input type="checkbox"/> Amputations            | <input type="checkbox"/> Other (please list below)     |
| <input type="checkbox"/> Familial Issues        | <input type="checkbox"/> N/A                           |

Does your organization serve populations other than Our Military Family?

What other populations does your organization serve?

## Program Details

Please list the primary services provided through your program(s).

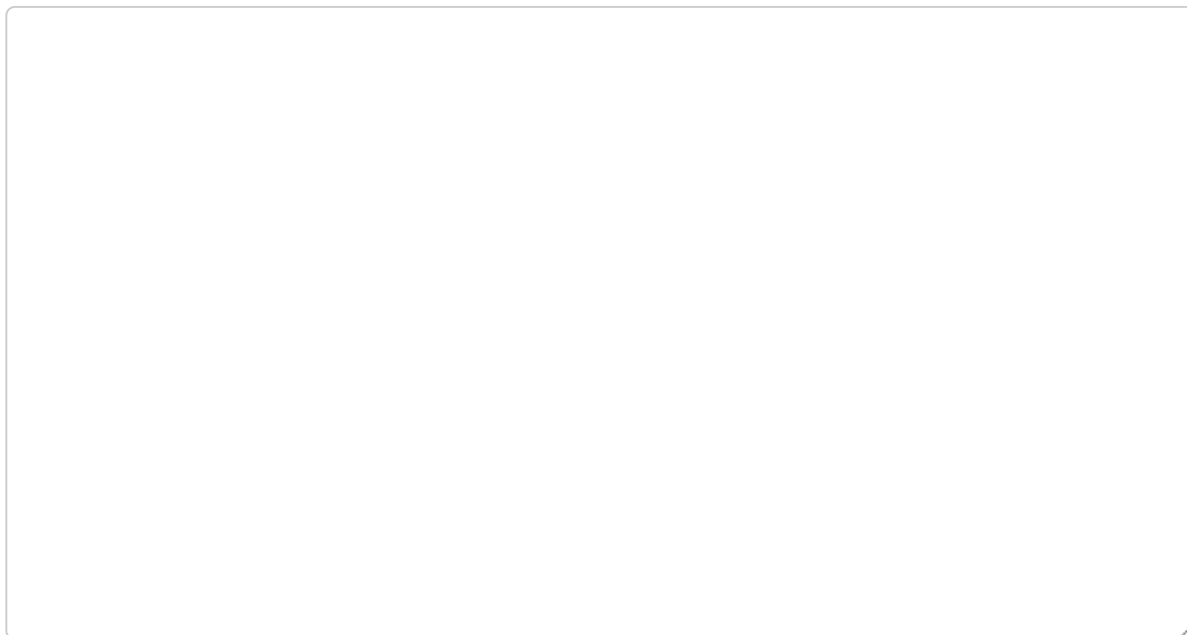


Please list any other support services you provide (if applicable).

Please provide a detailed overview of your program(s) design.

Please describe how your program(s) design benefits participants in the applicable realms of wellness:

- Physical Well-being
- Mental Well-being
- Social/Community Integration
- Familial Relationships
- Spiritual Well-being
- Any other intended benefits



Please provide the approximate number of Our Military Family members served by your organization in:

An Individual Program / Event

A Year

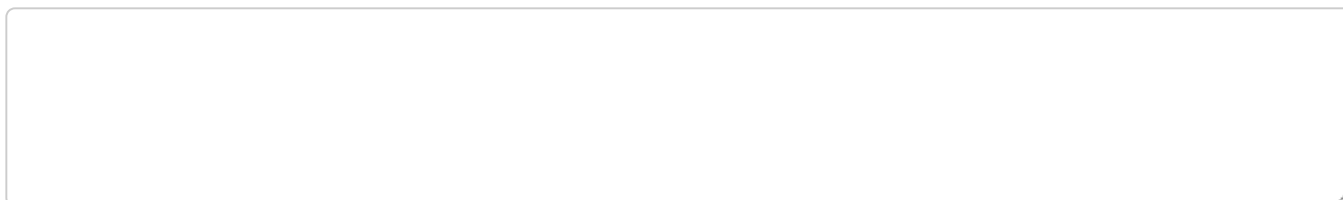
Your Program's History

Do you provide any follow up and/or referral services?

Yes

No

Please describe your follow up and/or referral procedures.



Please provide a description of your program policies regarding:

- Provision of alcohol and/or other controlled substances
- Use of participants for program promotion
- Assessment of participant's needs
- ADA compliance

## Evaluation and Research

Have you participated in any research efforts?

- Yes
- No

Briefly describe the research effort(s) in which you have participated.

Do you conduct program evaluations with your participants?

- Yes
- No

Please describe your program evaluation process.

## Non-Profit Practices

Are you registered with any of the following?

(Click all that apply.)

- Charity Navigator
- Guide Star
- Give Well
- Other Vetting Service
- Better Business Bureau
- We are not registered with any vetting organizations.

Did your organizations receive any grants last fiscal year?

- Yes
- No

Please list your top three foundations providing grant support last fiscal year.

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

Does your organization carry liability insurance? If so, who is your provider?

- Yes
- No

What are your current mission/funding ratios?  
(Please list in numerical form as %programs/%admin&fund raising (i.e. 80/20).)

Ratio  
  
 Unsure

Have you collaborated with other non-profits?

Yes  
 No

Please provide the name and contact information for other non-profit programs you have collaborated with to be used as a reference.

1. Organization	<input type="text"/>
First and Last Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
2. Organization	<input type="text"/>
First and Last Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
3. Organization	<input type="text"/>
First and Last Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

How did you hear about R4?

Web  
 Phone Inquiry  
 Referred by partner

Other

Why are you interested in becoming a member organization of the R4 Alliance?

CLICKING NEXT WILL FINALIZE AND SUBMIT YOUR APPLICATION.

**Block 3**

**Default Question Block**