



The Breathe Network Organizational Member Application

Thank you for applying to join our network of health and healing practitioners dedicated to making trauma-informed healing accessible for survivors of sexual violence. Should you be invited to join, your responses can be utilized to develop your practitioner page on our website. Your comments serve as a way for both our organization and the survivors we serve to better understand your experience, your interest in this population, your treatment modality, and your ability to be sensitive and responsive to the unique needs of sexual trauma survivors. We look forward to reviewing your application!

Organization Primary Email

Organization Name

1. Please provide a detailed organizational bio to be included on your member page.
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.
3. Describe the treatment modality/modalities offered at your organization.
4. How does your organization define and practice trauma-informed care?
5. How do the practitioners within your organization modify or make treatment options flexible to increase safety and accessibility for their clients?
6. Describe any additional expertise with specific populations/communities or involvement in other social justice spaces that intersect with sexual violence and trauma.
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.

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

9. How did you learn about The Breathe Network?

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

Additional Information Required for Application Processing

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 then request:

- Your organizational logo/photo for your member page
- A one-time joining fee of \$300 upon joining*
- An annual organizational membership fee of \$150*

*Through our fund, Embodying Survivor Justice (ESJ), all BIPOC-lead organizations have the option to have their joining fee waived, along with their first year of annual dues. Please simply let us know you would like to utilize this resource.

Please note, sliding-scale options for new member fees and annual dues are available for all members, and we will work with your budget!