

**C.O.F.F.Y**  
*Community Organizations for Families & Youth*

**Governance Committee**

- LeVon Whittaker - Chair
- Lincoln D. Ellis - 1st Vice Chair
- Michael Scott - 2nd Vice Chair
- Mary Cossey - Treasurer
- Cara Spicer - Secretary

C.O.F.F.Y. is an operating, loosely configured, action-oriented and powerful body that oversees a boundless large group that aides, secures and empowers families and youth.

**Mission:**  
To maintain a network of community organizations providing opportunities that lead to the healthy transformation of Gary, Indiana through interactive services for youth and families.



**Community Organizations for Families & Youth**

**Membership Application**

**Yes!** I am interested in becoming a member of C.O.F.F.Y.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

**Member Survey Questionnaire:**

**Yes,** I have completed a member survey questionnaire. **OVER**

**No,** please send a survey to the above address.

**C.O.F.F.Y**  
*Community Organizations for Families & Youth*

**Governance Committee**

- LeVon Whittaker - Chair
- Lincoln D. Ellis - 1st Vice Chair
- Michael Scott - 2nd Vice Chair
- Mary Cossey - Treasurer
- Cara Spicer - Secretary

C.O.F.F.Y. is an operating, loosely configured, action-oriented and powerful body that oversees a boundless large group that aides, secures and empowers families and youth.

**Mission:**  
To maintain a network of community organizations providing opportunities that lead to the healthy transformation of Gary, Indiana through interactive services for youth and families.



**Community Organizations for Families & Youth**

**Membership Application**

**Yes!** I am interested in becoming a member of C.O.F.F.Y.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

**Member Survey Questionnaire:**

**Yes,** I have completed a member survey questionnaire. **OVER**

**No,** please send a survey to the above address.

**C.O.F.F.Y**  
*Community Organizations for Families & Youth*

**Governance Committee**

- LeVon Whittaker - Chair
- Lincoln D. Ellis - 1st Vice Chair
- Michael Scott - 2nd Vice Chair
- Mary Cossey - Treasurer
- Cara Spicer - Secretary

C.O.F.F.Y. is an operating, loosely configured, action-oriented and powerful body that oversees a boundless large group that aides, secures and empowers families and youth.

**Mission:**  
To maintain a network of community organizations providing opportunities that lead to the healthy transformation of Gary, Indiana through interactive services for youth and families.



**Community Organizations for Families & Youth**

**Membership Application**

**Yes!** I am interested in becoming a member of C.O.F.F.Y.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

**Member Survey Questionnaire:**

**Yes,** I have completed a member survey questionnaire. **OVER**

**No,** please send a survey to the above address.

**C.O.F.F.Y**  
*Community Organizations for Families & Youth*

**Governance Committee**

- LeVon Whittaker - Chair
- Lincoln D. Ellis - 1st Vice Chair
- Michael Scott - 2nd Vice Chair
- Mary Cossey - Treasurer
- Cara Spicer - Secretary

C.O.F.F.Y. is an operating, loosely configured, action-oriented and powerful body that oversees a boundless large group that aides, secures and empowers families and youth.

**Mission:**  
To maintain a network of community organizations providing opportunities that lead to the healthy transformation of Gary, Indiana through interactive services for youth and families.



**Community Organizations for Families & Youth**

**Membership Application**

**Yes!** I am interested in becoming a member of C.O.F.F.Y.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

**Member Survey Questionnaire:**

**Yes,** I have completed a member survey questionnaire. **OVER**

**No,** please send a survey to the above address.

### **Membership Requirements**

In order to be a member of the C.O.F.F.Y. collaboration, an organization or agency must be a 501(C)(3) agency or governmental entity providing service to youth and/or families in the City of Gary. Membership is renewable annually through a signed Memorandum of Understanding. Each member agency is expected to:

- Complete a New Member Orientation Session
- Actively work in a partnership manner to seek support for the collaboration
- Actively participate, minimum, in one of C.O.F.F.Y.'s Coordination Network Committees
  - Attend at least 80% of Coordination Network Meetings
- Take initiative to become knowledgeable of C.O.F.F.Y.'s Mission and Goals
  - Attend at least one quarterly workshop and one semi-annual seminar
    - Annually complete agency survey questionnaire
- Foster good will for C.O.F.F.Y. by sharing resources and information pertinent to achievement of goals and objectives

- Yes**, I would like to become a member of C.O.F.F.Y. Please see my information on the front of the card.
- No**, I cannot commit to C.O.F.F.Y. at this time, but I would like to be kept on the mailing list and informed of Citywide efforts.
- No**, I do not meet C.O.F.F.Y.'s Member requirements. However, I would like to be kept on the mailing list and offer support of various collaborative efforts if needed.

### **Membership Requirements**

In order to be a member of the C.O.F.F.Y. collaboration, an organization or agency must be a 501(C)(3) agency or governmental entity providing service to youth and/or families in the City of Gary. Membership is renewable annually through a signed Memorandum of Understanding. Each member agency is expected to:

- Complete a New Member Orientation Session
- Actively work in a partnership manner to seek support for the collaboration
- Actively participate, minimum, in one of C.O.F.F.Y.'s Coordination Network Committees
  - Attend at least 80% of Coordination Network Meetings
- Take initiative to become knowledgeable of C.O.F.F.Y.'s Mission and Goals
  - Attend at least one quarterly workshop and one semi-annual seminar
    - Annually complete agency survey questionnaire
- Foster good will for C.O.F.F.Y. by sharing resources and information pertinent to achievement of goals and objectives

- Yes**, I would like to become a member of C.O.F.F.Y. Please see my information on the front of the card.
- No**, I cannot commit to C.O.F.F.Y. at this time, but I would like to be kept on the mailing list and informed of Citywide efforts.
- No**, I do not meet C.O.F.F.Y.'s Member requirements. However, I would like to be kept on the mailing list and offer support of various collaborative efforts if needed.

### **Membership Requirements**

In order to be a member of the C.O.F.F.Y. collaboration, an organization or agency must be a 501(C)(3) agency or governmental entity providing service to youth and/or families in the City of Gary. Membership is renewable annually through a signed Memorandum of Understanding. Each member agency is expected to:

- Complete a New Member Orientation Session
- Actively work in a partnership manner to seek support for the collaboration
- Actively participate, minimum, in one of C.O.F.F.Y.'s Coordination Network Committees
  - Attend at least 80% of Coordination Network Meetings
- Take initiative to become knowledgeable of C.O.F.F.Y.'s Mission and Goals
  - Attend at least one quarterly workshop and one semi-annual seminar
    - Annually complete agency survey questionnaire
- Foster good will for C.O.F.F.Y. by sharing resources and information pertinent to achievement of goals and objectives

- Yes**, I would like to become a member of C.O.F.F.Y. Please see my information on the front of the card.
- No**, I cannot commit to C.O.F.F.Y. at this time, but I would like to be kept on the mailing list and informed of Citywide efforts.
- No**, I do not meet C.O.F.F.Y.'s Member requirements. However, I would like to be kept on the mailing list and offer support of various collaborative efforts if needed.

### **Membership Requirements**

In order to be a member of the C.O.F.F.Y. collaboration, an organization or agency must be a 501(C)(3) agency or governmental entity providing service to youth and/or families in the City of Gary. Membership is renewable annually through a signed Memorandum of Understanding. Each member agency is expected to:

- Complete a New Member Orientation Session
- Actively work in a partnership manner to seek support for the collaboration
- Actively participate, minimum, in one of C.O.F.F.Y.'s Coordination Network Committees
  - Attend at least 80% of Coordination Network Meetings
- Take initiative to become knowledgeable of C.O.F.F.Y.'s Mission and Goals
  - Attend at least one quarterly workshop and one semi-annual seminar
    - Annually complete agency survey questionnaire
- Foster good will for C.O.F.F.Y. by sharing resources and information pertinent to achievement of goals and objectives

- Yes**, I would like to become a member of C.O.F.F.Y. Please see my information on the front of the card.
- No**, I cannot commit to C.O.F.F.Y. at this time, but I would like to be kept on the mailing list and informed of Citywide efforts.
- No**, I do not meet C.O.F.F.Y.'s Member requirements. However, I would like to be kept on the mailing list and offer support of various collaborative efforts if needed.