



Voting Member Opt-In

We sincerely appreciate your desire and interest in becoming a Voting Member organization with the Children and Youth Planning Table (CYPT). Voting Member organizations align with CYPT's **vision** of healthy children and youth—today and tomorrow; **mission** to collectively mobilize as one system for children and youth in Waterloo Region that relentlessly strives to maximize wellbeing throughout generations; **9 Shared Goals**; and **Shared Foundation of Practice**.

This opt-in form enables us and other Voting Member partners to get to know you better. As such, some of the below information may be included on the CYPT website. Please inform Monika Bodemer if you want this form to be for our records only.

Organization

Please provide the following details regarding **the organization** you represent.

Name of org.:

Please tell us your organization's mission and/or mandate.

What age categories is your organization intentionally working to impact? Select all that apply.

Prenatal

Birth to 6

6 to 13

13 to 18

Youth who are 18+

Is your organization intentionally working to support parents?

Yes

No

Which of CYPT's 9 Shared Goals is your organizations intentionally working to impact? Select all that apply.

We are **happy and respected**

We are **connected to our environment**

We are **protected**

We are **participating**

We are **learning**

We are **healthy**

We are **free to play**

We are **secure**

We **belong**



Does your organization have a dedicated communications or marketing staff member?

Yes No If yes, please provide their:

Full name:

Email:

Do you have in-house space for CYPT backbone staff and/or Voting Member partners to use for meetings, events, etc.? If yes, we will reach out to ascertain the needed details.

Yes No

We have read the roles and responsibilities of a Voting Member organization outlined in the CYPT charter as an organization, and understand the expectations.

Yes No

Representatives

As a Voting Member organization, you will need to designate **a primary and a secondary representative**. Among other duties, these representatives will stay informed regarding the work of the CYPT, act as a conduit for info between CYPT and your organization, and participate in Voting Member activities, including providing feedback via a yearly survey.

Please provide the following information about your organization's representatives:

Primary

Name:

Email address:

Secondary

Name:

Email address:

Should these representatives change at any given time, please contact Monika Bodemer.

We thank you for your interest in becoming a CYPT Voting Member Organization. We look forward to a partnership as we work toward our vision of happy, healthy children and youth—today and tomorrow! We will be in touch to confirm your status as a Voting Member organization of the Children and Youth Planning Table.