

ACT Alliance

Application form for Voting Member

# A. Contact information

### Name of Church/Organization:

Year the Organization was Founded:

Registered under which legal entity:

Incorporated under which jurisdiction (country): Address:

Postal Code:

City:

Country:

Full postal address:

Telephone:

Email address: Website:

**Name of Primary Contact:** Job title:

Phone contact:

Email:

### Name of Director/CEO:

Job title:

Phone contact:

Email:

### Finance Contact:

Job title:

Phone contact:

Email:

### Please also provide separately:

1. A high-resolution PNG logo of the organization.
2. An overview of the organization and its activities (maximum 1000 characters).
3. Website URL.

# B. Applying as Voting Member:

**Please select ONE of the options below by checking the box**

A member church of: WCC and/or LWF

A department or specialised development ministry of a member church of:

|  |
| --- |
| **Please provide the name of the member church:** |

An organization affiliated to at least one WCC member church through governance:

**Name of the WCC member church:**

**Name of the Board member:**

**Email of the Board member:**

**Please attach proof of the connection, such as relevant Statutes or Constitution, showing that a seat on the Board is permanently reserved for this WCC member. Indicate the page number where this is mentioned:**

An international or national mission organization linked to a WCC and/or LWF member church that is involved in development, advocacy, or humanitarian assistance, without promoting a specific religious or political view.

**Indicate if you belong to WCC or LWF**:

### Name of WCC or LWF church: *(mandatory if this option is selected)*

**An exception from the above may be made for:**

An organization that was part of a Member organization for over 5 years and is now independent, with endorsement from the Member organization.

**Name of the Member organization:**

***(If you select this option, please attach an endorsement letter from the ACT member organization with this application form.)***

A church or ecumenical organization that has a long-term working relationship with the WCC and regional ecumenical organizations, referring to: All Africa Conference of Churches; Christian Conference of Asia; Consejo Latinoamericano de Iglesias; Conference of European Churches; Conference of Caribbean Churches; Middle East Council of Churches; Pacific Conference of Churches.

**Please indicate if you are: church , ecumenical organization  , or regional ecumenical organization**

An ecumenical organization from a country that does not have any Member churches of the WCC and/or LWF.

***Please state the country:***

# C. Description of church, church-related organization, specialised ministry

## Vision/Mission

Please quote or describe below:

***(Note: If you are representing a church, please also include the mission of the department or specialized development ministry within your church.)***

## [Areas of work1](#_bookmark0)

### [Humanitarian](#_bookmark0)

### Please list any emergency or conflict situations your organization has responded to in the past 3 years and describe your response for each situation.

### *(Completing this section is essential if your organization wishes to apply for ACT Humanitarian funds.)*

### Development

### *Please describe the type of work your organization is undertaking or supporting.*

### If your work is focused in a single country, please include the number of development programs you are currently implementing.

### If you work in or support development programs in multiple countries, please list those countries along with the approximate number of partners or programs you support in each country.

### Advocacy

### Please describe any advocacy work your organization has engaged in over the past two years.

1 You can also attach these explanations separately if you run out of space.

## Staffing

Total Number of Staff Employed:

Total Number of Volunteers:

Please specify the number of staff (excluding volunteers) directly employed by your church/organization in the following areas:

* Development:
* Humanitarian Assistance:
* Advocacy:
* Number of Senior Staff Positions Held by Women:
* Job Titles (no names required) of Senior Staff Positions Held by Women:
* Number of Governing Board (or Relevant Leadership Authority) Positions Held by Women:

## Governance Structure

1. Please describe or provide separately a diagram of your governance structure *(can be attached separately)*:
2. Please list the names of the members on your governing body:

## Finances

**For Churches:**

Please provide the total income of the department or ministry within your church responsible for development, humanitarian assistance, advocacy work, and related staffing/administrative costs for the past two years. (Specify the currency.)

**For Church-related Organizations:**

Please provide the total income of your organization from all sources, including constituency contributions, back-donor funding, investment income, etc., for the past two years. (Specify the currency.)

# D. Membership of and affiliations to humanitarian, development and advocacy organizations or networks

* List ecumenical collaborative initiatives (e.g., WCC roundtables, Regional Ecumenical Organizations, etc.) your organization is a member of:
* List other non-ecumenical alliances or networks your organization is part of:
  + 1. National:
    2. Regional:
    3. Global:

# E. Membership of ACT Alliance

**How did you learn about ACT Alliance or who suggested applying for ACT membership?**

If you selected ACT member, forum, or staff, please provide further details:

* + **Person’s Name:**
  + **Email:**
  + **Organization:**
  + **Please briefly describe your organization’s reasons for wanting to join ACT Alliance as a voting member:**
  + **Briefly outline what your organization can offer to ACT Alliance:** *(This refers to the unique skills, expertise, and experience your organization can contribute, rather than financial contributions.)*
  + **Explain how your organization expects to benefit from being a part of ACT Alliance:**

# F. References

Please provide contact details for two ACT members or ecumenical organizations who can serve as references for your church/organization:

**Reference 1:**

* Name:
* Position:
* Organization:
* Mobile/Direct Phone Number:
* Email:
* Relationship to Your Organization: (How does this person know your organization?)

**Reference 2:**

* Name:
* Position:
* Organization:
* Mobile/Direct Phone Number:
* Email:
* Relationship to Your Organization: (How does this person know your organization?)

# I. Commitment to ACT Alliance

**The varying roles and responsibilities of ACT members in relation to all standards noted below are outlined in the** [**ACT Quality and Accountability Framework**](https://actalliance.org/standards-and-policies/) **and the** [**Membership Agreement.**](https://actalliance.org/membership-of-act-alliance/)

a) We have read, understood, and are committed to adhering to the ACT vision, mission, and policy commitments.

b) We have read and understood the ACT Code of Good Practice and are committed to adhering to the common values and overarching, organizational, programmatic, and partnership principles and commitments outlined in the document.

c) We have read and understood the ACT Code of Conduct for the prevention of misconduct, including corruption, fraud, exploitation, and abuse, including sexual abuse; and to ensure safeguarding. We are committed to ensuring that all governance, management, and staff of our church/organization sign this code and understand the obligations placed upon their conduct, so as to prevent sexual exploitation and abuse, all forms of harassment, fraud and corruption, security breaches, and unethical business practices.

d) We have read and understood the ACT Safeguarding Policy Framework and are committed to adhering to safeguarding requirements that underpin and address the key areas of prevention, reporting, and response to the following international standards that have been formally adopted, endorsed, or committed to by ACT governance, namely:

• Core Humanitarian Standard (CHS)

• The Code of Conduct for International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief

• The Sphere Standards

• Principles of Partnership

• Code of Good Practice for NGOs Responding to HIV/AIDS

• Istanbul Principles for Development Effectiveness

• SCHR Misconduct Disclosure Scheme

e) We have read and understood the ACT Complaints Policy and our responsibility to set up a functional complaints mechanism.

[[1]](#footnote-2)

# G. Declaration

1. After consideration of the ACT membership application process and being in agreement with the obligations and commitments incurred by membership, we hereby apply for membership in ACT Alliance on behalf of the organization whose particulars and description appear in this application form.
2. We have read and understood **the Member Funding of the ACT Alliance Secretariat Procedure and hereby commit to paying all membership dues** as applicable to our organization. We further understand that failure to pay the membership fees will entail the suspension of our organization's membership until payment is effectuated.

2 **Following ACT policies, once an ACT member has been suspended it cannot:**

* + Play the role of forum convenor/coordinator in ACT forums, and its voting rights in the forum are suspended.
  + Access humanitarian funds channelled through ACT’s Secretariat, neither RRFs nor appeals.
  + Participate in ACT structures, including governance, reference groups and communities of practice, and will have to step down from any groups it is participating in for the duration of the suspension.
  + Benefit from travel, accommodation or any other expense subsidies paid from ACT’s budget.
  + Be nominated by the Secretariat or ACT members to represent ACT in external meetings, programmes, consultations, etc.
  + Nominate candidates for governance structures.
  + Attend ACT General Assemblies.

## On behalf of church/organization: On behalf of governance:

Name: Name:

Position: Position:

Date: Date:

Signature: Signature:

**Scanned or electronic signatures, please**

1. [ACT policies, standards, policy guidance and strategies - ACT Alliance](https://actalliance.org/standards-and-policies/#:~:text=The%20table%20below%20summarizes%20the%20ACT%20mandatory%20policies%2C,to%20adhere%2C%20irrespective%20of%20their%20areas%20of%20work.) [↑](#footnote-ref-2)