



ACYCP AGENCY MEMBERSHIP PROFILE SHEET

This profile is designed to help the Membership Services Committee develop, coordinate, implement and upgrade agency membership benefits. All agency information provided is strictly confidential, and is never sold, loaned or rented at any time. However, anonymous qualitative and quantitative data will be used in meeting the above objective, or in working directly with the agency below.

(Please Print)

Agency Member Category: Partnering Supporting Eff. Date: _____

Agency Name: _____

Street Address: _____ City: _____ State: _____

ZIP: _____ Phone: () _____ FAX: () _____

Website: _____

Main Email: _____ (Name) _____

CEO/Main Contact: _____ Email: _____

No. enrolled employees: _____ Annual Budget: _____

Service Category: (check all that apply) Residential Treatment:
 In-patient Out-patient Mental Health Clinic

Community-based Faith-based Governmental Research

Educational: Secondary Post-Secondary After-school

Community Center Advocacy Professional support

Juvenile Justice: Community Governmental Other: _____

Internships

Does your agency offer internships? Yes No Paid? Yes No

Would you like help setting up or improving your program? Yes No

From what ZIP Codes do you recruit? _____

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Employee Recruitment

Where is your greatest need for employees? (Check all which apply)

- Direct Care: ___Entry level ___Experienced ___Supervisory
 Administration Supervision Management Non-service support

Training and Staff Development

How would you describe the **availability** of CYC training offerings in your area?

- Poor Fair Good Very Good Excellent

How would you describe the **affordability** of these training offerings?

- Poor Fair Good Very Good Excellent

How would you describe the **quality** of these training offerings?

- Poor Fair Good Very Good Excellent

In what **competency areas** do you have the greatest needs?

What is the **percentage** of trainings you access from the following sources?

- In-house___ Webinars___ Outside: Conferences___

- Workshops___ Speakers/lectures___

Manuals/textbooks___

- Post-secondary: Credit___ Non-credit___ Agency paid? Yes___ No___

- Governmental___ Licensing bodies___ Other___

How would you describe the **adequacy** of your training mix?

- Poor Fair Good Very Good Excellent

What is the employer-employee percentage **cost split** for approved trainings?

Employer___ Employee___

Do you offer **salary incentives** for ACYCP/CYCCB certification? Yes___ No___

Do you **pay** for staff ACYCP/CYCCB certification? Yes___ No___

Do you **encourage and promote** ACYCP/CYCCB certification? Yes___ No___

Thank you for your assistance in helping ACYCP serve the needs of your agency. We are confident that you will see a real tangible and persistent value as an agency member.