



*Application for Involvement in the Westchester LGBT Community Calendar and  
Resource Guide*



**Thank you for your interest in participating in the Westchester LGBT Community Calendar and Resource Guide.**

Created and organized by The LOFT: LGBT Community Services Center, the Westchester LGBT Community Calendar and Resource Guide serves to showcase the groups, organizations, and support networks available to the LGBTQ<sup>+</sup> community in Westchester County.

**The five main objectives for the online resource are outlined below:**

1. Provide Westchester County's LGBTQ<sup>+</sup> community with a comprehensive online resource showcasing community supports and special opportunities
2. Highlight the diverse support network available to the LGBTQ<sup>+</sup> community in Westchester County
3. Showcase all LGBTQ<sup>+</sup> groups, special events, and services provided by LGBTQ<sup>+</sup> serving agencies and organizations
4. Ensure that the LGBTQ<sup>+</sup> community of providers, and therefore the community they serve, are visible and active in their communities
5. Provide a tool for organizations, agencies, and providers serving the LGBTQ<sup>+</sup> community to both interact with each other and reach a larger population

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The site consists of two main components: the LGBT Community Calendar, and the LGBT Resource Guide.

1. The **LGBT Community Calendar** allows for all LGBT-serving organizations to showcase their:
  - a. Groups
    - i. Support, therapy, 12-step, informational meetings, etc.
  - b. Special events
    - i. Celebrations, awards receptions, fundraisers, community mixers, etc.
  - c. Meetings
    - i. Trainings, volunteer meetings, etc.

All information included in the calendar will be processed and maintained by LOFT staff and trained LOFT volunteers. Organizations interested in becoming involved in this component of the site must ensure that clear lines of communication are open between The LOFT and your organization's Primary Contact person (indicated in the following application).

Upon completion of the application, all participating organizations must either a) provide The LOFT with a complete list of their organization's programs, services, and group information, to be imputed into the site's calendar, or b) direct LOFT staff as to where this information can be located online.

2. The **LGBT Resource Guide** works to provide the LGBT community in Westchester and the surrounding areas with a comprehensive list of LGBT-affirming services available in Westchester County.

Organizations interested in listing in the LGBT Resource Guide may include:

- a. Housing agencies, legal services, medical providers, social service providers, etc.

**If your organization is interested in listing its services and supports in both the LGBT Community Calendar and Resource Guide components of the site, please indicate in the following application.**

*The site is anticipated to go live in February 2017. Upon launch, the URL will be listed on The LOFT's main website.*

We welcome suggestions to the ongoing development of the site from all of our partnering organizations.

Thank you,

Shepard Verbas  
Program Manager  
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(914) 948-2932 ext. 10  
Fax: (914) 682-7827  
The LOFT: LGBT Community Services Center  
252 Bryant Ave, White Plains, NY 10605  
[www.loftgaycenter.org](http://www.loftgaycenter.org)



*Application for Listing in Westchester LGBT Community Calendar and Resource Guide*

**GENERAL ORGANIZATION INFORMATION**

**Organization Name:**

\_\_\_\_\_

**Name, title and contact information for organization's Primary Contact:** *(This will be the staff responsible for overseeing the organization's data on the site and communicating any necessary changes and updates to LOFT staff)*

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

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

Phone: \_\_\_\_\_

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

**FOR INTERNAL RECORDS ONLY** *(The following information will not appear publically on the site)*

**Number of LGBTQ+ clients your organization serves annually:** \_\_\_\_\_

**Demographics your organization currently serves: (check all that apply)**

- |  |   |
|--|---|
| <input type="radio"/> All LGBTQ+ (youth and adults)<br>○ Ages: _____ | <input type="radio"/> LGBTQ+ POC                          |
| <input type="radio"/> All LGBTQ+ youth<br>○ Ages: _____              | <input type="radio"/> Trans/GNC                           |
| <input type="radio"/> All LGBTQ+ adults<br>○ Ages: _____             | <input type="radio"/> Bisexual                            |
| <input type="radio"/> Parents of LGBTQ+ people                       | <input type="radio"/> Gay                                 |
| <input type="radio"/> LGBTQ+ families                                | <input type="radio"/> Lesbian                             |
|  | <input type="radio"/> Other<br>○ Please specify:<br>_____ |

**What do you hope to gain from listing your organization's events on the Westchester LGBT Community Calendar?**

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**This online resource will be evaluated and maintained to make it the most user-friendly and accessible it can be; please include any questions or suggestions your organization has to aide in the ongoing development of the site below:**

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THIS INFORMATION WILL BE AVAILABLE PUBLICALLY THROUGH THE SITE

**Supports your organization provides to the LGBTQ<sup>+</sup> Community: (check all that apply)**

- |  |  |
|--|--|
| <input type="radio"/> Advocacy         | <input type="radio"/> Health/Mental Health |
| <input type="radio"/> Community Center | <input type="radio"/> Social Work          |
| <input type="radio"/> Events           | <input type="radio"/> Support Groups       |
| <input type="radio"/> Family Planning  | <input type="radio"/> STD Screenings       |
| <input type="radio"/> Youth Services   | <input type="radio"/> Other                |
| <input type="radio"/> HIV/AIDS         | <input type="radio"/> Please specify:      |
| <input type="radio"/> Housing          | _____                                      |
| <input type="radio"/> Legal            |  |

**Frequency of services to LGBTQ<sup>+</sup> Community: (check all that apply)**

- |   |                                       |
|---|---------------------------------------|
| <input type="radio"/> Weekly                | <input type="radio"/> By appointment  |
| <input type="radio"/> _____x per month      | <input type="radio"/> Other           |
| <input type="radio"/> Monthly               | <input type="radio"/> Please specify: |
| <input type="radio"/> Annually              | _____                                 |
| <input type="radio"/> On an as-needed basis |                                       |

**Does your organization accept volunteers?**

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

FOR LISTING IN WESTCHESTER LGBT RESOURCE GUIDE

**Please complete the below outline with your organization's specific details:** *(This will be how your organization will appear on the site.)*

Name:

Address:

Phone Number:

Email (optional):

Mission/short description of organization (optional):

Photo with logo (optional): *send jpeg file to [shepard@loftgaycenter.org](mailto:shepard@loftgaycenter.org)*

Website:

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TERMS OF AGREEMENT

***Agreement must be read and signed by organization's Primary Contact:***

**1. As the Primary Contact to the Westchester LGBT Community Calendar and Resource**

**Guide I understand that I must:**

- a. Oversee my organization's information to ensure all meeting times, locations, contact information, and other specific details are correct and the information is appropriately presented
- b. Update LOFT staff with any changes in address, contact information, or other identifying information, as it pertains to my organization's listing
- c. Inform LOFT staff of any change in Primary Contact for this project
- d. Provide The LOFT with an accurate list of my organization's services to the LGBT community
- e. Provide accurate meeting times, locations, and descriptions of events at least a week prior to the listing
- f. Ensure any group/meeting cancelations are reported within two days prior to the event
- g. Promote and engage my organization's audience and my local community in the use of LGBT Life Westchester

**2. All details recorded in this form will be reviewed by LOFT staff with the organization's Primary Contact on an annual basis, to ensure data is current**

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*Name of Primary Contact, Printed*

*Signature*

*Date*