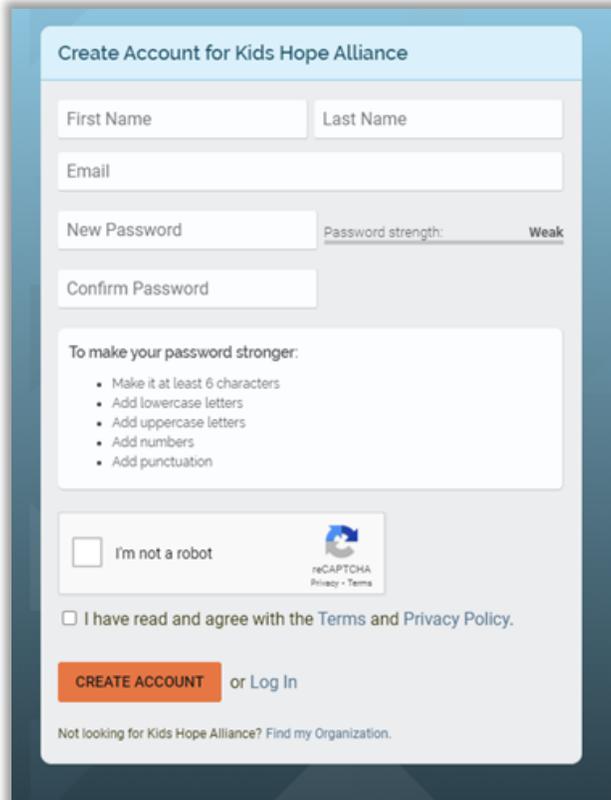


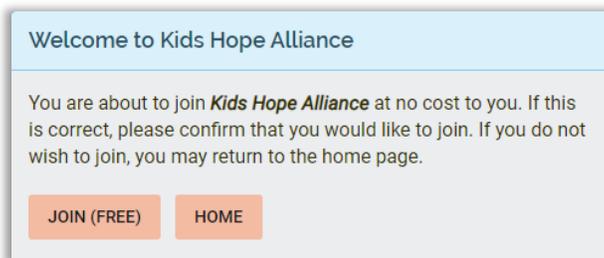
COLLABORATION ACCOUNT SETUP

1. Using the link below to navigate to the CollaborNation website.
CollaborNation Website: https://collabornation.net/join_prompt/kidshopealliance
2. Complete the account request form and then click **CREATE ACCOUNT**.



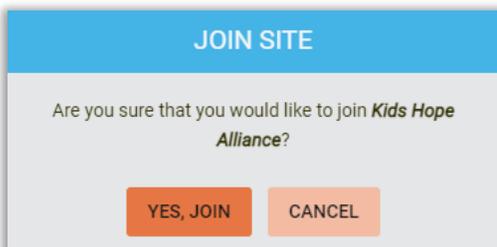
The screenshot shows a web form titled "Create Account for Kids Hope Alliance". It includes input fields for "First Name", "Last Name", "Email", "New Password", and "Confirm Password". A "Password strength" indicator shows "Weak". Below the password fields is a section titled "To make your password stronger:" with a bulleted list: "Make it at least 6 characters", "Add lowercase letters", "Add uppercase letters", "Add numbers", and "Add punctuation". There is a reCAPTCHA checkbox labeled "I'm not a robot" and another checkbox labeled "I have read and agree with the Terms and Privacy Policy.". At the bottom, there is an orange "CREATE ACCOUNT" button and a link "or Log In". A footer link says "Not looking for Kids Hope Alliance? Find my Organization."

3. When the message below appears, click the **JOIN (FREE)** option.



The screenshot shows a confirmation message box titled "Welcome to Kids Hope Alliance". The text reads: "You are about to join *Kids Hope Alliance* at no cost to you. If this is correct, please confirm that you would like to join. If you do not wish to join, you may return to the home page." At the bottom, there are two orange buttons: "JOIN (FREE)" and "HOME".

4. A new window will appear, click the option that says **YES, JOIN**.



The screenshot shows a dialog box titled "JOIN SITE". The text asks: "Are you sure that you would like to join *Kids Hope Alliance*?" At the bottom, there are two orange buttons: "YES, JOIN" and "CANCEL".

5. A new page will load, complete the form provided to start taking training courses.
* Please make sure that any item with an asterisk (*) is required to be filled in.

Registration Fields

Please fill out this form to complete registration.

Address Line 1 *

Address Line 2

City *

State *

Zip Code *

Phone Number *

Date of Birth (optional)

Sex *

Select an option ▼

Race (optional)

Select an option ▼

Primary Funded Essential Area (optional)

Select an option ▼

Secondary and any other Funded Essential Area(s) (optional)

Do you mostly use KHA services as a *

Select an option ▼

SUBMIT

6. Once the form above is completed, click the **SUBMIT** button to proceed to your dashboard.