



# 2003 NVAA Application Form

Select Preference (Indicate Numerical Order of Choices)

- \_\_\_\_ California State University-Fresno, Fresno, CA (June 8–13, 2003)
- \_\_\_\_ Washburn University, Topeka, KS (June 8–13, 2003)
- \_\_\_\_ Medical University of SC, Charleston, SC (June 22–27, 2003)

Please print or type this Application Form:

Name _____	Date _____
Organization _____	
Work Address _____	
Work Phone (     ) _____	Fax (     ) _____
Home Address _____	
Home Phone (     ) _____	E-mail _____
Current Position _____	<input type="checkbox"/> Managerial <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Education/Degree(s) _____	Year _____ Major _____

## 1. Select the jurisdiction and one category below that best describes the type of organization you represent:

Jurisdiction:     Federal       State       Local       Tribal       International

### Criminal Justice-based

- Police/Sheriff-based
- Prosecution-based
- Court-based
- Probation-based
- Corrections-based
- Parole-based
- Juvenile Justice-based

### Community/Nonprofit-based

- All Victims
- Sexual Assault
- Domestic Violence
- Child Abuse
- Drunk Driving
- Homicide Support
- Missing/Exploited Children
- Elderly Victims

### Additional Agencies

- Youth Services
- Native Americans
- Religious
- Hospital/Medical
- State VOCA Assistance Staff
- State Victim Compensation Staff
- Other \_\_\_\_\_

## 2. Please indicate the types of victims that you primarily serve below. (Check no more than three boxes.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Domestic Violence             | <input type="checkbox"/> Drunk Driving              | <input type="checkbox"/> Native Americans                        |
| <input type="checkbox"/> Sexual Assault                | <input type="checkbox"/> Assault/Robbery            | <input type="checkbox"/> Property/Economic Crime/Fraud           |
| <input type="checkbox"/> Child Abuse                   | <input type="checkbox"/> Elderly Victims            | <input type="checkbox"/> Special Needs/Victims with Disabilities |
| <input type="checkbox"/> Survivors of Homicide Victims | <input type="checkbox"/> Missing/Exploited Children | <input type="checkbox"/> Other _____                             |

## 3. Please indicate the types of services that you primarily provide for crime victims in your current position. (Check no more than five boxes.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Crisis Intervention   | <input type="checkbox"/> Criminal Justice System Advocacy   | <input type="checkbox"/> Legal Advocacy                    |
| <input type="checkbox"/> 24-hour Hotline       | <input type="checkbox"/> Court Accompaniment                | <input type="checkbox"/> Information/Referral              |
| <input type="checkbox"/> Emergency Medical     | <input type="checkbox"/> Restitution Assistance             | <input type="checkbox"/> Training and Technical Assistance |
| <input type="checkbox"/> Shelter               | <input type="checkbox"/> Notification                       | <input type="checkbox"/> Transportation                    |
| <input type="checkbox"/> Short-term Counseling | <input type="checkbox"/> Victim Impact Statement Assistance | <input type="checkbox"/> Child Care                        |
| <input type="checkbox"/> Long-term Counseling  | <input type="checkbox"/> Compensation Claim Assistance      | <input type="checkbox"/> Other _____                       |

4. Please briefly summarize your current and previous experience assisting crime victims and other relevant employment in the last five years. Provide position, responsibilities, and dates of service in chronological order.

Position \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization \_\_\_\_\_

5. Please briefly state why you want to attend the National Victim Assistance Academy and how your participation will be of benefit to you (professionally and personally), your organization, and your community. Please include any additional, brief information that you believe is important for consideration during the selection process.

6. If accepted for the Academy, I am interested in receiving three units of academic credit for a fee of \$120:

Undergraduate       Graduate

I am also interested in receiving information regarding possible scholarship for tuition:

Yes       No

7. By signing below, please signify your commitment to attend the full course and make all travel arrangements accordingly.

\_\_\_\_\_  
Name: \_\_\_\_\_ (Signature) \_\_\_\_\_ Date:

8. Please mail the original and two (2) copies of your completed application form, with signed commitment, and two (2) written letters of recommendation, to:

**OVC Training and Technical Assistance Center**

10530 Rosehaven St., Suite 400

Toll Free: (866) OVC-TTAC

Fairfax, Virginia 22030

Your application package must be received ***no later than Monday, ~~April 7, 2003~~ Now extended to April 18.***

*While all Academy sessions will be conducted in English, the National Victim Assistance Academy warmly welcomes international applicants.*